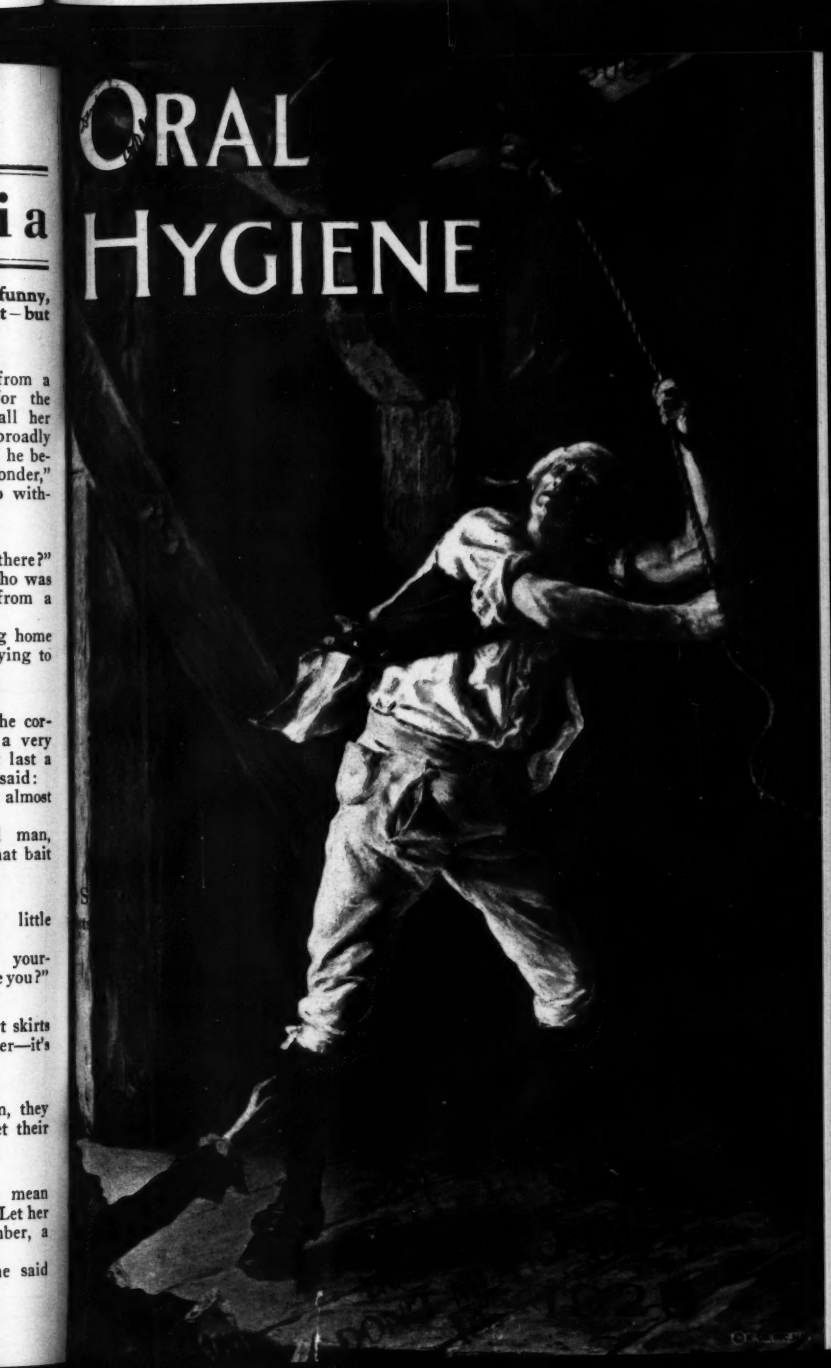
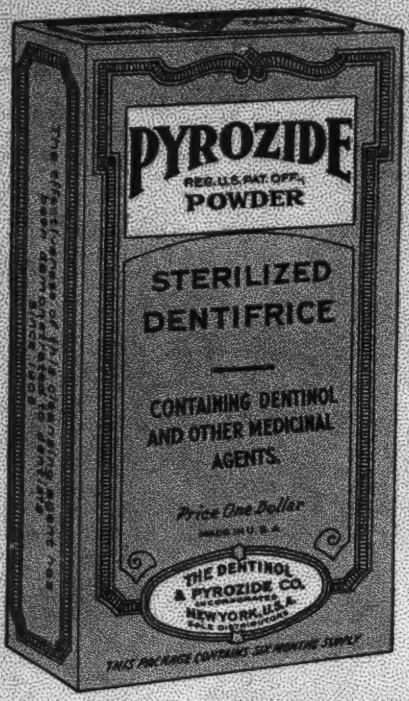

ORAL
HYGIENE

To stimulate blood circulation— to reduce gum irritation prescribe



PYROZIDE POWDER

This remedial dentifrice is medicated with Dentinol.

Dentinol promotes healing.

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A JOURNAL FOR DENTISTS

EIGHTEENTH YEAR | JULY 1928 | VOL. 18, NO. 7

World Wide Photo

This bust of Pierre Frauchard, one of the early dental pioneers, was presented to the Evans Dental Institute by the Pierre Frauchard Foundation. The picture shows Thomas Sobiano, President of the Pierre Frauchard Foundation and Dr. Herman Prinz of the University of Pennsylvania.

Who Set

By Bar

WE dentists all have at least one thing in common; we are trying to make a living by practicing dentistry, and we differ only in the degree to which we have been successful or otherwise in that rather praiseworthy endeavor.

Of course there are a few fortunate souls who have reached that happy point where they are no longer compelled to depend entirely on what they take in at the chair, but all oil wells are not oil producers, and all stocks bought on margins are not the happy investments that we had hoped for.

So most of us must depend almost entirely on what we can put into the mouths of our patients, and what we can take out of their pockets or their check books for all the things that go to make life pleasant in a material way.

Naturally, if that is the case, one of the most important things in our professional life is the amount of money that we get for the things we do, and that brings us face to face with one of the minor unpleasantnesses of our daily life, the fees we charge for the things we do.

I remember an old colleague of mine, a rather testy old German, who was strong as horseradish for the European system of collecting for services rendered. According to his theory, dentistry would be a lot nicer if each dentist had a little bowl or crock or something on the reception room table, so that as each patient left he could drop his contributions into the receptacle.

Shades of Mr. Patterson, of cash register fame, what a system, or lack of it, that would be! How could anyone know anything about what he was doing or where he was getting?

And with some of the people that we have as patients, think of the buttons and other nonnegotiable knicknacks we would find in our contribution boxes.

But seriously, there are a lot of dentists who are doing just about that very thing, right here in our own United States.

Instead of setting their own fees for the work they do, they are letting some outsider do it for them, and as the outsider is seldom an entirely disinterested party, it usually costs the dentist plenty when he does that.

In a great many cases, the patient is the one who sets the fee. How nice—for the patient.

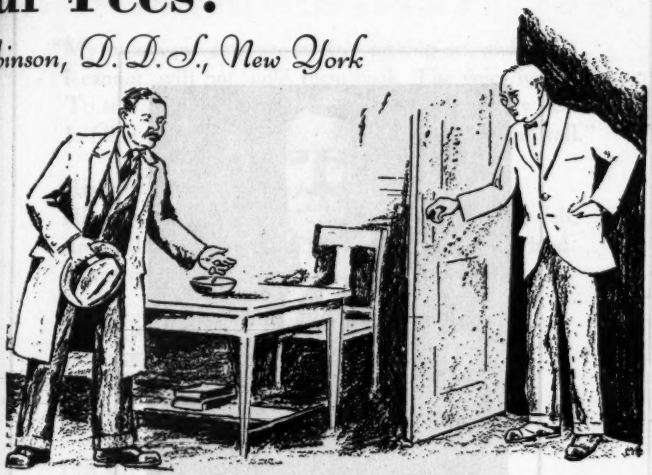
When you go out to buy a new car, or an x-ray machine, how far can you get toward telling the seller what you will give him for the thing you want to buy?

But when old Mrs. Snifflenose climbs into your chair, and you start to tell her what you think you should do for her, and she starts her chorus of "How much, Doctor, how much?" what usually happens?

Sure, she generally gets it at

Set ur Fees?

Bar obinson, D. D. S., New York



Dentistry would be a lot easier if each dentist had a little bowl, on the reception room table, so that each patient as he left could drop his contribution in the crock.

something like the price she wants to pay, not at a fee that will make it well worth your time and trouble.

Yes, I know you will say that there are many different kinds of dentistry at many different prices, and that you try to do something on which you do realize something, but I still say that the patient too often sets the fee.

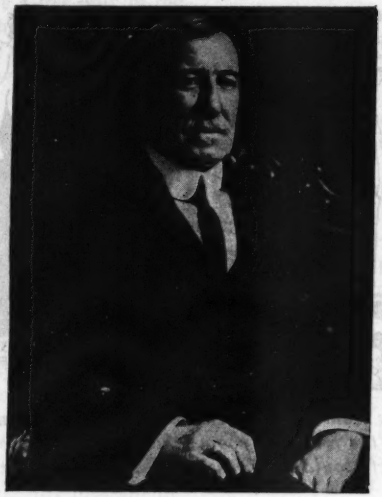
And in more cases than I'd be willing to guess at, your competitor sets your fee for you. There may be some good reason why *he* should get a certain fee for a certain operation, but what he charges and what you should get have no more in common than your two tastes in food or clothing.

There is a certain definite overhead to your office that is sure to differ in some respects from that of any other office.

Or you may just naturally need more money to live on than the other fellow, or your dentistry may be a little better or a little worse.

Anyhow, you are the man to say what you shall charge for the work you do in your office, and when the patient starts making the fees, control of your office has passed from your hands into those of the patient.

But when the time comes to pay the bills that are charged to you, the patient will not be there to pay them.



A Torch Bearer

Thomas Alexander Forsyth

1850—1928

By Moses Joel Eisenberg, D.M.D.

Chief, Department Dental Orthopedics, Forsyth Infirmary, Boston, Mass.

"Friends!—Grasp firm that torch I fling to you,
Uphold its blazing head and let my dimming eyes
Once more be lit by labor's fires, which glow anew
In others' hands, as once years back they did in mine

"My numbered days are swiftly passing on, and still
I cannot, will not, hold them back. The voice will call.
To serve man, I sought; not tinseled glory. My heart
Is filled with joy, that in my hands the torch did fall."

His eyes dimmed low, and with a gasp, he died.
His mourning friends bowed low. A bright star fell,
And falling joined on with a kindred soul. Both hied
Them speedily to eternity, where spirits dwell.

There from the Godly heights he sits and sees
Our vain meek struggles to unfold that truth
Into which he found himself flung fast. He sees
Our efforts, and in sorrow sees the labor's fruit.

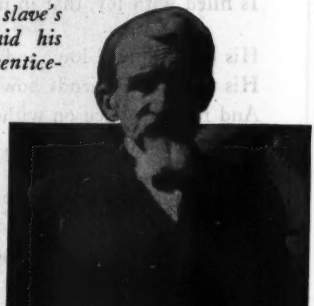
Just out of grasp from reaching hands
That even yesterday did grasp the torch he flung,
And soon, perhaps, must cast it off again,
Into the waiting hands that seek the truth to bring.

Thus ever on the endless bearers of the torch
Must come and go, and leave with us a key
To some small secret chamber, wherein to search
And bring to light the labors of a life.

We understood his struggles. We, his friends
Shall miss his efforts now as even then. One gropes,
And from his words we fill our hearts with hopes.
We've learned to know. There is no end.

ORAL HYGIENE'S Old-Timers Series

A Negro slave's services paid his dental apprenticeship.



DR. T. D. KELLEY, SR., of Lexington, Ky., has been practicing dentistry for 67 years and is still active.

Dr. Kelley's early education was gained while attending Transylvania College, the oldest college West of the Alleghenies, for two years. He decided that he wanted to study dentistry and took a course of training for three years under the leading dentist of the South, Dr. Stoddard Driggs. Dr. Driggs agreed to be Dr. Kelley's tutor for three years in exchange for the services of a negro slave who was owned by Dr. Kelley's father. At the end of the three years the negro slave was returned to his master, Dr. Kelley's father.

Dr. Kelley began his practice in 1860 with Dr. Driggs under whom he had received his training. His first office was on Upper Street, then the business center of Lexington.

At that time there were only about four or five dentists in town and there was little work to be done.

It was Dr. Kelley who made the first successful rubber denture in Lexington. It was considered quite an accomplishment in those days. He had made a study of prosthetics and was far ahead of the field.

He practiced dentistry in St. Louis for a year and then returned to Lexington in 1868, when he married Miss Ella Elbert of Lexington.

In 1899 his son, T. D. Kelley, Jr., who had graduated from the Baltimore College of Dental Surgery opened an office with his father. Both of them are practicing together in the same office in Lexington.

Surely 67 years is a remarkable record of service.

Professional Standards

PART II—Conclusion

By Frank W. Chandler, D.D.S.,
Hollywood, California

IT has been said that measles and missionaries decimated the Pacific islands to the last man, and I am wondering what the toll of the so-called oral foci has been in the decimation of our near old age people. I am wondering if those deaths, through the increase in cardio-respiratory and renal diseases, have not been a greater loss than the value to the public of the so-called essential organs of mastication. When you can tame the short chain streptococcus viridans and render it harmless by "putting salt on its tail"—or gutta-percha points in defunct teeth—when you can circumscribe their activity against being a pathological feature—then, and only then will I look upon the retention of pathological teeth and pathological areas with tolerance, for you know that they abide and multiply in the pyorrhea pockets and roots of teeth, and in the tonsils, and I am for the removal of both of them and their homes.

There was an effort made at the last legislature to divide dentistry legally in California, and when one would license a dental radiographer or a dental hygienist or a laboratory technician, it is nothing more nor less than a division of the profession. Unless some correction is made, oral surgery and orthodontia will be taken over by the medical profession, because I do believe that without a great deal of special training no man is capable of thoroughly filling his position in the oral surgery field. A man who specializes in exodontia and oral surgery, if he would occupy that position that would command the respect of his confreres and the dental profession at large, must have taken much special work, which for the average man is prohibitive both in time and in money. The lack of standardized training without equal educational demands upon the graduates is what makes the many conflicting opinions by the members of the dental profession upon nearly every case.

To me the only correction or the only solution of the problem is that all men should have the same preliminary qualifications and subsequent training, and personally I see no way of obtaining that desired result without a straight medical course, and after graduation, if a man desired, he could then take a year in technical dentistry, which would about equal the

number of hours now spent for like work in the dental schools.

Professional men, as a class, have *one* acknowledged general fault — among many others — they are poor business men, as interpreted by the standards of business and business efficiency, due primarily to the fact that they were never trained in sound business methods, and what they do learn generally comes from experience and not as a concomitant of their educational career. Cost means no more to the average professional man than a revenue officer means to a bootlegger. The fact that our activities are restricted to our offices, and that the average professional man puts in as long, or longer, hours than the average business man, means that he does not come in contact with and have the opportunity to discuss and to learn the phases of business that would allow him to take part in the constructive activities of his community. Our viewpoint becomes perhaps distorted, perhaps restricted, and yet I know of no class of men who have more to contend with from the public at large, because our service is so personal, and every successful professional man has three factors that he must be the master of at all times: the first is the relief of pain, the second is the overcoming of fear, and the third is the financial aspect of services rendered. There is no one method or rule that makes success. It is the organization of the individual, and without the individual being organized himself, he can never build an organization, nor is he fit to control one and be responsible for the organization that he would head.

It has been said that all men need a manager, and nowhere else is this true to such an extent as in the dental and medical professions. The average man is about 80 per cent inefficient, and nearly any efficiency man can step into the average office and double the income by stepping up the efficiency of each individual, both dentist and assistants. A man working definitely with his work visualized ahead of him should produce one hundred dollars every day of six hours, even with reasonable fees, if he will organize himself as well as his office, and co-ordinate his various factors into a smooth-working, well-balanced machine.

I know some of the most splendid men who are capable dentists, who are grossly inefficient in their working hours, who are eternally behind in their payments, whose credit ratings are nil and whose struggle for existence is a pathetic example of their general incompetency, rather than of their specific inability. There is no one thing that has deprecated so-called standardized service quite as much as the variation in price allowed by many practitioners for a so-called equal service from a masticatory and

esthetic standpoint. Excessively high fees never made anybody any money, and any normal man would sooner have six hours of medium priced work to do than a few hours of high priced, and personally I would sooner handle twenty $5 cases than one $100 case, because there are more $5 cases to be had, the chance of expensive replacements is much less and your chance of satisfaction relatively greater, and economically such cases are the greatest practice builders in the world, and still the average man dreams of five $100 fees rather than one hundred $5 fees.

The big outstanding successes in the world are men who handle volume and not the exclusive practitioner, and without a single exception men of reputation have made that reputation through the lower and middle classes rather than the so-called moneyed class. There is more dentistry to be done than dentists can do, but only by rendering a good service at a reasonable fee will the public be tempted to part with their money, other than for the relief of pain, because the public has no assurance that the work done by the average dentist is going to be a satisfactory masticatory restoration.

Again, another reason why public confidence is lacking in the judgment of the average dentist. A dentist oftimes is his own office girl, bookkeeper, janitor, laboratory man, operator, collection agent, repair department and official entertainer of his patients, and outside of his dentistry in the majority of cases he is an absolute failure. So-called economical help are the poorest employees, and the poorest investment that a man can make, and your "receptionist" and your assistants are your introduction to and your representatives with the public, and the more highly cultured, developed and trained the representatives that you may have, the easier it becomes for you to do your work.

Gum chewing, yawning, impolite telephone conversation, catty receptionists, bedraggled nurses, add a further resistance to the barrier already existing, and certain men seem to delight in seeing how hard they can make it for a patient to do business and to have his work done and to close a transaction, rather than to have everything smooth, and the patient a booster instead of a knocker.

We have a certain narrowness within our profession—we are too bigoted. We have a lack of tolerance and a lack of adaptability. It is hard for a practitioner of many years' experience to adapt himself to new ideas, new methods of procedure, and we are ofttimes content to travel in the paths of our forefathers who were more edentulous than otherwise, and who were not cursed with our sedentary existence and our modernism, and our so-called

palliative treatment. From a biological standpoint there is no relation betwen fertility and intelligence, or any other feature of spiritual or moral excellence. Stupidity and inferiority beget children quite in excess of the bright and educated people, but the bright people seemingly bring more to maturity. You cannot develop natural resistance with pollution at the source. You cannot build a nation without good blood, and when any profession does not bear in mind that human blood is warm, then they cease to minister in full professional appreciation. If we would spend half of the efforts for prevention that we do for cure, and from a real scientific standpoint, our hospitals, almshouses, jails and asylums would be less full of the ever-increasing number of degenerates. We should pave our paths with intelligence and flood-light them with wisdom.

Epicurus says that a man has three great needs: first, food, clothing and shelter; secondly, the gratification of senses, and the third, need of show and splendor, and I think that when analyzed this is absolutely true, and if a man possesses these in the correct proportions, they are all simple of gratification from a selfish standpoint. There must be a goal for any man, because the end result of all human endeavor is happiness, and a normal, sane, healthy individual knows that he can only get happiness by service, he can only get success by service, and the only man who succeeds over a long period of time is the man who has rendered constructive service in his field of endeavor.

Schopenhauer in his "Wisdom of Life" says: "The wisdom of life is to so order our lives to obtain the greatest pleasure and success." We all should have a certain amount of egoism and not too much egotism. But without the hope of betterment, we lose the former and develop the latter, to the detriment of ourselves and our contacts.

The profession, from my humble standpoint, needs more intense learning, not specifically of the things they do, but in the application of the things they do, which calls for a broader interpretation and b r o a d e r knowledge of the problem. Too many dentists are sellers of articles, when they should sell service. A patient does not really buy a denture or a bridge; he buys a restoration, and, as such, a service, and if the profession could sell a service that is predicated on health in job lots of so-called selling talks, the quick road to doubtful success would not be the promised panacea.

We all have something to sell, and as the preacher who sells us our hope of eternity, we should be concerned with the hope of better health while here. The world will be quite as wicked when we leave it as it was when we found it, but unless our efforts are constructive

towards betterment, we will never attain happiness or success. There are many short-cut roads advertised. There are many courses advertised for technical betterment, but with all the promises, both business and professional success will not follow without a greater appreciation of what service means to the public, and it is quite evident that a man must have professional courses if he would give a superior service to the public that he serves.

Without character and without purpose, no man can hope to be a success. Character presupposes a faith in divinity, and character implies culture, high moral standards and the appreciation of the finer things of life. Character implies unselfishness, and it is the keystone upon which we build our usefulness to our fellowmen. Character and knowledge go hand in hand. There must be knowledge where there is a developed character. Our knowledge teaches us our duties to the community in which we live, and to the society which we serve. Knowledge compels us to appreciate the value of our fellowmen—to know and appreciate their works—to be a cog in the wheel of human progress and human betterment. I think if one has character and one has knowledge, then one must be willing to serve, and if one has a willingness to serve and to serve unselfishly in the accomplishment of his ideals, and does render that service to his fellow men which is based upon character and upon knowledge, then one's journey through life will not have been in vain.

Keystone Photo—

Chew Chew, a clown from a visiting circus putting some oral hygiene instruction across to the colored children of Harlem, New York.

A New Feature

This is the first of a series of cartoons drawn for ORAL HYGIENE *by famous artists.*

Don Herold, contributes regularly to Life, Judge and other periodicals, and this drawing of his for ORAL HYGIENE *is in tune with the whimsical character of his work. If you would like this picture for framing—printed on heavy paper with type matter omitted—send your request to* ORAL HYGIENE, *1117 Wolfendale St., N. S., Pittsburgh, Pa. There is no charge for the print.*

THE DOUBLE-END TOOTHBRUSH ENABLES MOTHER TO BRUSH TWO CHILDREN AT ONCE

Sound Teeth Children Lo

A Radio Talk over WG By D. D. S., York,

WE all love children and every one of us feels it a pleasure to be able to help a child. There are many ways of doing this and one of these is manifested in our constant efforts to secure for the little ones all the great blessings of good health. The purpose of my brief talk this afternoon is to offer some advice upon the importance of sound teeth in the mouths of young children.

How proudly the happy mother announces the arrival of baby's first tooth. And how beautiful in all its innocence is that new white visitor to the mouth of its little owner. I use the word visitor advisedly because its stay will be only a few years when it will be replaced by a more permanent successor. But like all the rest of the first set of twenty teeth it is very important, and reasonable consideration demands that no visitor should ever be neglected.

Nature is kind with the teeth of infants and young children. Almost always are they regular in position in the jaws and free from disease when they first come through the gums. But this gift from Nature may be neglected or abused to the child's detriment.

The first teeth of the temporary set appear at about the age of five to eight months and the rest continue to come in until the age of two and a half to three years. Now every mother will cleanse the mouth of her infant before the baby teeth appear and this should be done even more carefully after the new teeth have arrived. Let me tell you some of the reasons for preserving the first set of teeth until their successors of the permanent set, which are thirty-two in number, take their place.

The chief purpose of all teeth is to aid in mastication or chewing of food. Nature puts as many teeth in the young child's mouth as it will need at an early age to do its chewing. Every tooth is necessary and there is no reason why parents should think that the loss of a few teeth through neglect and uncleanliness will make no difference in the child's health. As a matter of fact when as so often happens, tooth after tooth must be removed at an early age because of dental decay, a heavy strain is placed upon the rest of the digestive organs. In such cases children often become ill because their food cannot be

eeth
ren's Mouths

By Joseph H. Kauffmann, W
S., York, N.Y.

properly chewed and they develop a tendency to "bolting" or hasty swallowing of food. The actual mechanical machine work of every single tooth of the first set is needed up to the very moment that it should normally be replaced by its successor in the second set.

Speaking of food, this brings us to another unhealthful condition present when the first teeth are allowed to decay through lack of care. We know that when teeth decay or rot away that poisonous germs are always present within their crumbling walls. Now every mother, no matter how humble her position in life, will do everything possible to give her children the best and most wholesome of foods. But of what use is such a carefully selected diet, when it must first pass through a cesspool of disease such as is present when the child's teeth are decayed. In addition, decayed teeth may give rise to the formation of pus within the mouth, thereby making foul every morsel of food with which it comes in contact. It has been said that Grade-A milk is useless unless the mouth is also Grade-A. Some mothers may question this last statement, but you may rest assured that the physician and dentist know it as a fact. Another thing to bear in mind is that when a child has an aching tooth due to decay, it will be in pain while eating and will naturally avoid the discomfort, by hasty chewing or refusal to eat at all. Very often a child will hide the cause of this condition from the parent while the latter wonders why the young one does not eat its food properly. No child with a mouth full of decayed teeth can be happy or healthy.

Still another condition involving disease of the entire body, may arise from neglected teeth of the first set. Young children are susceptible to tuberculosis especially where resistance is low as when they are weak or anemic. Many times the germ of this disease digs its way into the body after entering the blood stream by way of a large cavity in a decayed tooth. You may have heard of tuberculous glands about the head and neck. Some of these were probably brought about in

the manner I have just mentioned.

In a similar way abscessed or pus-producing teeth in the mouth of a child, may result in blood poisoning and sad to say, occasionally have a fatal termination. The gums themselves in unclean mouths may be the seat of inflammatory conditions making the child unhappy. You can understand then, how the teeth and gums when neglected and diseased, may rob the child of its good health.

Another very important point to remember, is that the healthful retention of all of the first set of teeth, is necessary in order properly to stimulate the growth of the jaw bones so that the mouth will be able to normally accommodate the more numerous and larger teeth of the second set. When the first teeth are neglected, they often have to be removed prematurely. In consequence of this, the jaw bones do not grow properly in size and the second set of teeth not having sufficient room, become crowded and irregular. In this way the child possesses a deformity which may seriously influence its future health, not to speak of the unsightly appearance which it may carry through life. Such crowded and irregular teeth of the second set, are susceptible to decay and may be useless as masticating organs. Incidently, thumb-sucking is a common cause of misshapen mouths.

When the child approaches the age of six years, there comes into the rear of the mouth, on each side above and below, the first tooth of the second or permanent set. These are four in number. This is the first permanent molar and it has a most powerful influence upon the formation of the jaws and the best health of the child's mouth. Every parent should know that the first permanent molar is situated behind the last tooth on each side, above and below, of the first set. Do not make the mistake of confusing this valuable tooth with any other teeth of the first set and do not expect your child to have a healthy mouth, if this tooth is neglected. Commence to watch for the first permanent molar at the age of five.

Continue to watch for all of the succeeding permanent teeth, which arrive one after another up to the age of sixteen. The one exception is that of the third and last molar or wisdom tooth which often comes later in life or may be missing entirely. Once a permanent tooth is lost, no other ever takes its place. Of course it is understood, that when it is time for the permanent teeth to succeed the temporary ones, Nature makes room, by causing those of the first set to become gradually loosened and lost. But this will not happen in those cases where the first teeth are badly diseased, in which event the second teeth will be crowded and irregular, because the first have not come out in time.

Of course you all know how

important teeth are for proper speaking and many children cannot enunciate correctly because of broken down and missing teeth.

While my remarks up to this point have dealt with an unpleasant side of the picture, that has been necessary in order to emphasize the importance of sound teeth. Let us look at the sunnier side. There is one word which represents the heart and soul of our efforts to avoid all these conditions of which I have just spoken. That word as applied, especially today, by the dental profession, is *prevention*. An ounce of prevention is worth a pound of cure, and as far as your pocketbook is concerned, the first lets you off much easier than the second.

The most important measure of prevention, is the individual effort made by every child or by the parent of that child, to keep its mouth and teeth in as clean a condition as possible. Commencing at the earliest possible age, every mother should clean the teeth of the child each morning and each evening before bedtime with either sterilized absorbent cotton, gauze or tooth brush. Once such a procedure is started early in life, it becomes a habit and a mighty good one. As soon as the child is able to do so, it should be given a toothbrush of suitable size, in addition to a dentifrice, and taught how to clean its own teeth twice a day. After spending two full minutes, morning and evening in tooth brushing, the little mouth should be flushed with a mouth wash such as for instance, salt water. Many mouth washes already prepared are pleasant tasting and encourage the habit of mouth cleansing. It has been said that a clean tooth never decays and this is a good thing to remember. Another helpful suggestion, is the use of dental floss which can be obtained in spools inexpensively and is excellent to use to cleanse the space between teeth, especially where the toothbrush will not remove all food particles present. Dental decay is caused by the combined action of germs and decomposing food matter left in and about the teeth and gums, and if all of this food debris is carefully removed, there will not be much chance for decay to occur.

I have purposely left a most valuable suggestion to the end. That is the urgent need of a visit to the family dentist every six months. Select one who is clean and conscientious, and let your child form a friendship with him that will be lasting.

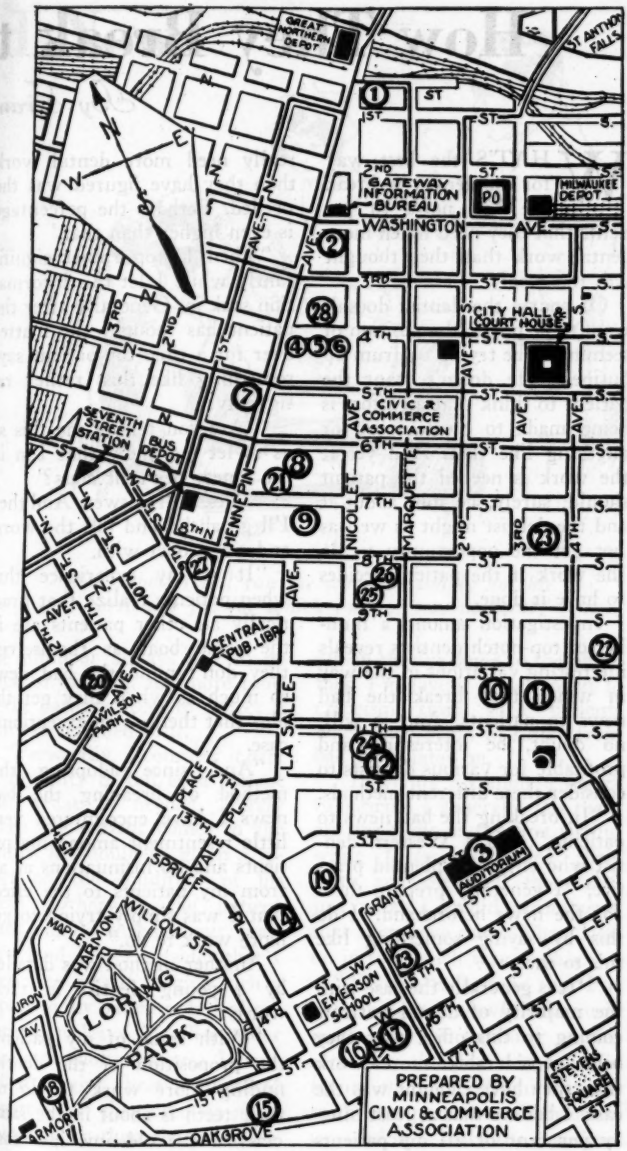
The dentist will examine the child's teeth, cleanse them carefully and warn you about any beginning defects before they become serious. That is where prevention comes into practical effect. By treating the small defects and very early decay, the dentist, in a simple way, will save your child's teeth and help to avoid toothaches. The dentist will do everything in his power

to keep each tooth sound and safe. He will advise you as to the proper method of tooth-brushing, what dentifrice and mouth wash to use. The dentist will give you helpful hints on the question of good foods for the best formation and preservation of the teeth. In the hands of the dentist, the child at the earliest age, will be carefully protected from all the unhealthful conditions first mentioned. A visit to the dentist every six months will greatly aid the little one to maintain sound teeth in a healthy mouth, with all the contentment and joy that make a child's life worth living.

How to Find Your Way About

The chart of downtown Minneapolis on the opposite page shows the location of the hotels and places where the various activities of the American Dental Association convention will be held. Each is numbered and the key to the numbers is given below. Why not carry these two pages in your pocket?

1. Pauly Hotel.
2. Nicollet Hotel.
3. Auditorium.
4. Andrews Hotel.
5. Vendome Hotel.
6. Rogers Hotel.
7. West Hotel.
8. Dyckman Hotel.
9. Radisson Hotel.
10. Leamington Hotel.
11. Curtis Hotel.
12. Sheridan Hotel.
13. Loring Theater.
14. Maryland Hotel
15. Oak Grove Hotel.
16. Buckingham Hotel.
17. Bedford Hotel.
18. Plaza Hotel.
19. Marigold Ballroom
20. Hastings Hotel.
21. Majestic Hotel.
22. Francis Drake Hotel.
23. Senator Hotel.
24. Lyceum Theater.
25. St. Regis Hotel.
26. Camfield Hotel.
27. Elgin Hotel.
28. Russell Hotel.


GREAT NORTHERN DEPOT
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2 ND GATEWAY INFORMATION BUREAU
P.O.
MILWAUKEE DEPOT
WASHINGTON AVE.
CITY HALL & COURT HOUSE
CIVIC & COMMERCE ASSOCIATION
SEVENTH STREET STATION
BUS DEPOT
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NICOLLET
MARQUETTE
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How They Break the Bad

By Frank Williams

WHAT'S the best way for the dentist to break the bad news to patients that they need much more dental work than they thought was the case?

Of course the dentist doesn't want to be put in the position of seeming to be trying to drum up business. He doesn't want the patient to think that an effort is being made to create work or anything like that. And yet if the work is needed the patient should, surely, be told about it and the dentist might as well as not get the opportunity to do the work if the patient decides to have it done.

Investigation among a number of top-notch dentists reveals interesting variations in the way in which they break the bad news to patients. And it will, no doubt, be interesting and profitable for various dentists to consider these different methods.

"In breaking the bad news to patients," said a Western dentist who enjoys a splendid practice, "I generally prepare them for the news beforehand. I do this by saying something like this to them:

" 'It is generally the case with the majority of dental patients coming to this office that they need considerably more work than they have thought was the case. I believe that at least ninety per cent of all my patients really need more dental work than they have figured was the needed. Perhaps the percentage is even higher than that.'

"Then I stop rather significantly while I let this information soak in. Generally after the patient has thought the matter over for a time the patient says something like this, rather resignedly:

" 'Are you telling me this so as to let me know that I'm in the ninety per cent class?'

" 'Yes,' I'll answer. And then I'll go ahead and tell the worst and get it over with.

"It is my experience that when patients realize that practically all other patients are in the same boat as themselves, they don't mind the bad news so much as when they get the idea that theirs is an exceptional case.

"And since adopting this method of breaking the bad news I have encountered very little resentment among my patients and no insinuations at all from my patients to the effect that I was simply trying to get more work to do."

Another method was detailed by a young dentist in these words:

"With some of my patients the proposition of the dentist finding more work to do on their teeth is about in the same class as the old-time idea that

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"Well, shall I tell you the worst or simply do this particular job for which you've come in here?"

the plumber always had to go back to his shop for more tools —the patients seem to expect it and are resigned to it.

"Personally, I consider it part of my duty to tell each patient just what is needed. Surely when the patient comes to the dentist he should be given a report on the condition of his teeth. Otherwise the patient must simply guess about matters. And I also consider that I owe it to myself to give such a report to my patients. If I allow patients to leave my office under the impression—because I have failed to give them a complete report—that they need no more dental work than the work for which they've come to the office, then I'm laying myself open to criticism from such patients when they begin to suffer from bad teeth later on.

"In giving a complete report to patients I generally tell them all this right at the first sitting while I am examining their teeth and then tell them also just what I would recommend that they have done. Then I go on in some such way as this:

" 'Please understand that I'm not saying you *should* have such work done or anything of the sort—I'm simply giving you this report on the condition of your teeth as a part of my service to you. I simply make the examina-

tion and give the report to you as service and as a means of protecting myself against criticism in case you do not have all your teeth fixed and then suffer from them later on.'

"This line of talk generally makes a deep impression on the majority of my patients and takes the sting out of the bad news. Also it results in the great majority of my patients telling me to go ahead and do all the work that should be done."

Which may, perhaps, appeal to other dentists as being a very good method of handling this important matter.

Here's the way that an older dentist handles this problem:

"My experience has been that there is a constantly growing desire on the part of my patients to know everything about their teeth. When I first began practicing years ago the majority of patients seemed to be timid about hearing about their troubles. They simply wanted immediate aches stopped with no attention paid to anything else. But nowdays people have more sense. Also they do not fear dentists as was formerly the case. Nowdays, as the result, my patients seem pretty well prepared to hear the worst when they come to the chair and as many of them have been to dentists before they also know it is generally the case that they need more work than they've been contemplating having done. So I govern myself accordingly and usually say something like this to patients, in a joking way:

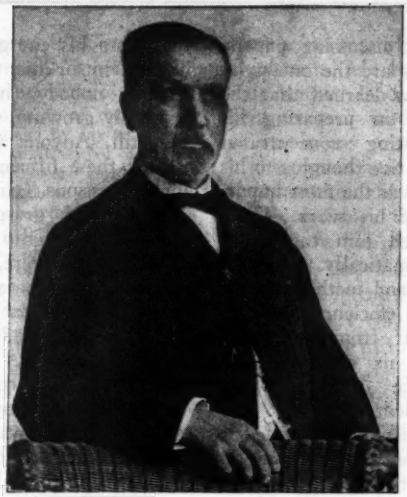
"Well, shall I tell you the worst or simply do this particular job for which you've come in here?'

"Most of the patients smile a little grimly at this and then say: "'Go ahead, Doctor, tell me everything.'

"With this sort of a start it is an easy matter to plow ahead and give a complete report and also give them all my recommendations as to just what should be done."

And here's a slant on the matter from an alert young dentist who has been practicing about six years and who has built up a splendid clientele in that length of time:

"Of course there are some patients who can't afford to have any more work done than the extraction or filling for which they've come into the office. Generally it is possible to size up patients at once and determine whether they are of the class that want simply the immediate work attended to or whether they are of the class that will realize the importance of complete restoration."



Dr. D. D. Smith, the Father of Oral Prophylaxis

By King S. Perry, D.D.S., Pittsburgh, Pa.

DR. SMITH was a man who could do prodigious work in emergency, go without rest or sleep when required. Why? Because he was the possessor of poise and efficiency, that peace that can stand any calamity, meet any issue, endure any sorrow. I had the satisfaction of knowing Dr. Smith's habits and moods, his manner of thought. He was the possessor of an analytical mind; courage, hope, happiness, and content attended him on his way. He buried envy in a deep pit and covered it with quicklime. He had his petty troubles and little make-believe worries, just enough of them to make him realize he had them licked, and to remind him that he must not let up on the mastery of them.

He was a busy man, writing papers, attending conventions,

reading and discussing papers. Busy persons are the ones who do things; he learned that the effort spent in preparing his plans, devoting concentrated and constructive thoughts to his operations, was the most important part of his work. These plans enabled him to do his work systematically and lay down rules and methods to get the highest efficiency and accomplishment from the co-operation of his patients. The planning-time therefore was time well spent.

Few dentists have excelled in ability to control their patients while undergoing professional treatment. His was the Napoleonic mind; but this cannot be wondered at, when we consider his service in the army during the whole of the Civil War.

He possessed a penetrating and searching gaze, his intuitive faculties being highly developed.

Given to the niceties of deportment, his was the courtesy of the old school; in manner he was deferential, but very positive and exacting.

It is related of him on the occasion of a clinic in his office in Walnut Street, Philadelphia, that one of his audience picked up an instrument asking the Doctor, "What kind of a tool is this?" His rebuke was such as to indicate to the audience that the thought of the questioner was not of the natural order of a professional man.

Dr. Smith was not one who would plod along aimlessly scattering his energy in a haphazard, hit-or-miss fashion that benefits nobody; he was continuously growing, never standing still. Anyone who has attended these fifteen-minute sizing-up sessions (clinics) in his office would grasp this fact. You would usually see yourself as you really were, and would discover your weakness, your strength, your *real* worth.

His nature made it imperative for him to be interested in something, and realizing that living in harmony with the great natural laws is the only way to obtain health, he turned his attention to oral hygiene.

As indicated, he was the father of oral prophylaxis, developing it along scientific lines, and introducing to the profession what is known as "controlled practice." This is a term indicating the return of your patient for prophylactic treatment at stated intervals, as you may direct.

It is well within the bounds of conservative statement to say that Dr. Smith is the recipient of most unusual attention at the hands of the Carnegie Foundation, in Bulletin No. 19 on Dental Education.

In this Bulletin on Dental Education, which is so ably edited by Prof. William J. Gies —which lets us into the soul of things—it was wonderful to see how the profession has manifested an almost religious veneration for Dr. Smith.

The statements set forth

challenge even the stupid to consideration of his work, and its value to dentistry:

The development of the practice of dental hygiene by lay assistants, as a lawful auxiliary of dentistry in the United States and Canada, was a direct outcome of the successful application of dental hygiene in the private practice of Alfred C. Fones, D.D.S., of Bridgeport, Connecticut. In 1899, inspired by demonstrations of the great advantages of dental prophylaxis for the patient, as made by D. D. Smith, D.D.S., of Philadelphia, Dr. Fones further evolved a system of instrumentation and polishing of the teeth for that purpose, which he used until 1905. Originally he believed that the prophylactic procedures, which are simple in technique but inordinate in their exaction of time, might be entrusted to an assistant, so that the dentist's attention could be devoted wholly to more difficult service.

Dr. Smith had eyes that saw into the very heart of things. His mind was all "daylight" when it came to solving medical and dental problems.

The question has been raised as to the source of Dr. Smith's inspiration along the lines of prophylaxis and oral hygiene. Any conjecture regarding this cannot be considered conclusive evidence.

During the later years of his life, Dr. Smith had observed the rôle played by a clean mouth, and its influence on systemic conditions. It was always fixed firmly in his mind, however, that its value had to be proven.

That every day he had such lamentable proofs of the value of a clean mouth, we have no less authority than his own statements. More, he presented tangible evidence to leading dentists and medical men at clinics in his own office. This evidence was such that it would convince the most skeptical.

His writings upon oral hygiene have been of inestimable value in convincing medicine of oral hygiene's worth, and were in every way calculated to insure its worth to humanity.

The wish is father to the thought that Dr. Smith's teaching and practice was the source of inspiration which started Dr. W. G. Ebersole of Cleveland up his life work. Dr. Ebersole was strong in the advocacy of the "lady graduate for prophylaxis" finding her work very satisfactory. Dr. Ebersole in his work displayed the spirit and fascination of an adventurer, on tiptoe with expectation, leaving to the profession and the cause the most haunting memories of a life sacrificed for an ideal.

The great benefits to be derived from prophylactic treatment for the teeth and gingivae were first brought to the attention of the dental profession and public by Dr. D. D. Smith, who was able to demonstrate that dental caries, in a large percentage of individuals, is preventable.* His treatment con-

*"Hygiene, Dental and General," by Clair Elsmer Turner, Prof. of Hygiene in Tufts Medical and Dental School, C. V. Mosby, 1920.

sisted in frequent polishing of the surfaces of the teeth with suitably-shaped orangewood points impregnated with flour of pumice, the points being held in a porte-polisher. Patients were required to come for treatment as often as necessary, this being in many cases weekly or semi-monthly. Dr. Smith claimed much for this treatment, even to the assertion that a thorough massage of the teeth actually brought about changes in the character of the enamel, that enamel became more dense and highly resistant to the action of the destructive elements within the mouth.

The value of such treatment can be verified by an experienced dentist who will put such treatment to a test.

The best possible testimony to the soundness of the method is that most men specializing in prophylaxis have adopted this plan.

That Dr. Smith is the father of oral prophylaxis there can be no question. The profession is immensely indebted to Dr. Smith, and I, myself, am under many obligations to him. The recognition of his worth I treasure as one of my most precious recollections.

THE COVER

From the Original Painting by Henry Mosler

It was a cloudless Summer day and within the State House of Philadelphia were assembled the great Fathers facing the supreme crisis. Above, in the wooden steeple, another scene was taking place—the scene which Mr. Mosler made the subject of his splendid picture—the scene of which the poet sang:

"Hushed the people's swelling murmur, list the boy's exultant cry!
'Ring, he shouts, 'Ring! Grandpa, ring, oh, ring for liberty!'
We will ne'er forget the bellman who, betwixt the earth and sky,
Rang out loudly 'INDEPENDENCE' which, please God, shall never die!"

Mr. Mosler has enjoyed an artistic career of distinction, and has received many signal tokens of esteem. His masterly skill reveals a strong patriotic feeling which has found expression in a number of paintings of historical character, this being probably the most notable.

INTERNATIONAL Oral Hygiene

By Chas. W. Barton
Overseas Editor

CANADA

The Mouth Health Campaign recently carried on in Saskatchewan is a fine example of the splendid co-operation displayed by every member of the dental profession. During the campaign in the city of Saskatoon, for instance, on February 20th, 21st and 22nd all the twenty-four dentists of that city were actively engaged throughout the three days in campaign work. Twenty-two of them were inspecting the mouths of school children, and in three days had completed the examination of 7,300 children. Equally successful programs, including mouth health talks wherever indicated, were carried out in Battleford, Humboldt, Yorkton, Rosetown and Prince Albert. With one exception, the Canadian Dental Hygiene Council have had the whole-hearted co-operation of every newspaper man in the Province, and splendid publicity has been given the campaign. The Provincial Red Cross and Municipal Outpost Hospital have sponsored a Free Traveling Clinic which has been in operation several weeks, and is one of the outstanding features of this campaign.—*Dominion Dental Journal,* April, 1928.

CUBA

Dr. Marcelino Weiss, nestor of Cuban dentists, spoke before the plenary session of the Medical Press Congress on the help which medical journals might give to the sincere efforts on the part of the dental profession at educating the public in hygiene principles. He said that it is squarely up to the medical press to support the work of the dentists, since oral hygiene is equivalent to general hygiene, and there can be no *mens sana in corpore sano sine dentibus sanis.* — *Cuba Odontologica,* December, 1927.

ARGENTINE

In a very thorough essay on school dental hygiene, after a review of measures taken and results accomplished abroad, Dr. Carlos R. Marquez endeavors again to bring the present completely insufficient school dental service in the Republic into some sort of a systematic organization; a great deal is being done in isolated cases. Every school dentist seems to follow his own inclination, and there is no co-ordination of the work carried on by private, co-operative, and official factors. Dr. Marquez recommends that the school dental services in Argentine be systematized

by law, and that oral hygiene and prophylaxis should be made obligatory in all educational institutions. Education of the parents and teachers is the indispensable basis upon which to build such a system of school dental hygiene. *Revista Odontologica,* (Buenos Aires) January, 1928.

ITALY

The problem of calcium fixation in the human organism—a question which is beginning to take more and more importance every day in the elaboration of a truly biological basis of oral prophylaxis—has been studied by Prof. C. Serono. His conclusions from a purely therapeutical point show that in recalcification of the organism *per os* the calcium and magnesium salts should not enter in the form of alkaline or organic salt (such as carbonates, saccharates, citrates, lactates, etc.), since these alkaline salts neutralize the acidity of the intestine, inhibiting the digestive function and thus predisposing the patient to intestinal infection. The salts must be administered in a shape which permits ready dialysis through the intestinal walls; the chlorides, nitrates, bromides, iodides, acetates, citrates and tartrates of calcium are to be excluded, and the most reliable and satisfactory of all is calcium phosphate.

Recalcification, however, will not be very successful unless attention is paid to an increase of the compounds of cholestearine and organic phosphates in the tissues by diets rich in these elements. Hypodermic injections of organic phosphates and cholestearine ethers, also thyroid therapy must accompany every successful calcium therapy.—*La Rassegna di clinica, terapia e scienze affini,* No. 3, 1927.

* * *

Stomatological service at the Military Hospital of Rome has been in operation during the last 20 years. The dental department of this principal military hospital in Italy is housed in two rooms on the ground floor of the building: in one are three operating chairs, and the other is equipped with second-hand laboratory appliances made available after the closing of the dental center Regina Margherita; but, as Lt. Colonel Dr. Enrico Candidori says in his report before the XVI Italian Stomatological Congress in Milan, "these apparatus could easily be made to function efficiently."

This dental service is assured by one dentist and two soldiers from the Sanitary Corps experienced in dental mechanics. The clinic is open daily from 8 to 11 o'clock. 5969 patients presented themselves in the course of the year 1926 at this institution. We read that 1729 extractions were made, 90 abscesses lanced, 236 mouths were scaled, etc., etc. [The peculiar thing about the statistics given is that only 2815 operations of all descriptions were carried out on the 5969 patients: what happened to the other 3145 patients?]—*La Stomatologia* (Rome), March, 1928.

HUNGARY

In Hungary, particularly in Budapest, great importance is given in the schools to dental hygiene. In 1922 the municipal council of Budapest opened six dental clinics for school children; later there were added to this number a further ten clinics. All the pupils of the municipal schools (about 90,000) may have their teeth attended to free of charge in these clinics. The school medical officers examine the children's teeth every year, and call the parents' attention to the necessity for treatment if indicated. Between January, 1922, and May, 1925, the number of children frequenting these school clinics has been as follows: first treatments, 36,036; already treated, 66,134. The services rendered were as follows: fillings, 48,778; extractions, 28,237; important operations, 160. 66 per cent of all the pupils showed bad teeth. —*Annuaire Sanitaire International,* published by the League of Nations.

The Intelligence Test

By C. Edmund Kells, D.D.S.,
New Orleans, La.

Eddie Kells is dead. His pen gathers rust. But, for a little while longer, ORAL HYGIENE will be able to continue his articles which have for so long been a feature of the magazine: there are still a few more "blue manuscripts" left in the copy file.

I JUST love intelligence tests, don't you? What's the use, I'd like to know, of being intelligent if one doesn't like to "show off" a little at times?

Then again, there's another side to these intelligence tests—they give *some fellows* a chance to learn some very commonplace things that they should know and don't.

I recently met with a few of the simplest kind of questions, which every dentist surely should know, and yet I'd be willing to bet (just plain *bet,* not saying how much) that a lot of the *intelligent* readers of ORAL HYGIENE can't answer *all of them* at that.

Here are the questions, and I want every fellow to play square —"cross your heart and hope to die" and things like that. Just answer these before looking at the answers at the end of the article.

1. Who discovered vaccination?
2. Who discovered the serum for rabies?
3. Who discovered the tuberculosis germ?
4. Who discovered the rat flea as the carrier of the Bubonic plague?
5. Who discovered the mosquito as the yellow fever carrier?
6. Who made the building of the Panama Canal possible?
7. Who first isolated the germ of syphilis?
8. Who discovered the diphtheria anti-toxin?
9. Who discovered the test for and cure of scarlet fever?
10. Who discovered "Insulin?"

Now then, there they are. I am sure you will admit that *you* really should be able to answer every one of these. Well then, how many correct answers did this "intelligence test" draw from you?

Of course, as for me, they were easy questions, but then seeing how Brother Rea and I are so intimate, and again, me being "kinder" on the ORAL HYGIENE staff (skipper of the

steamboat, you know), it would naturally be expected that I'd know them all, wouldn't it? But to be perfectly truthful, which I always endeavor to be when the exigencies of the occasion appear to warrant it, I really didn't get *all ten,* after all.

Still I think I did pretty well for me, because I answered *all but eight,* correctly. And it's true that I got the answers to the other two crossed, but anyhow *I got the names right* even if I did happen to place them in the wrong places. You see, I had an idea that Dr. Jenner discovered the yellow fever carrier and that Walter Reed discovered vaccination, but such a little slip as this really shouldn't count in an "intelligence test" do you think?

At any rate, I am, as I said before, a great believer in the "intelligence test." I think it is jolly good fun—that is, of course, when one comes out well.

So all you boys who, *like myself,* do so well on this test, should get some kick out of it, and those unfortunate ones who can hardly answer any of them should get a thrill out of it, because they can now learn them all and will know them another time, and there you are.

As for me, I have all the questions and answers written in my note book, and you bet next time anyone asks me about any of them, out will come the note book:

1. Dr. Edward Jenner.
2. Dr. Louis Pasteur.
3. Dr. Robt. Koch.
4. Dr. Alexander Yersin.
5. Drs. Walter Reed, James Carroll and A. Agromonte.
6. Dr. W. C. Gorgas.
7. Dr. Fritz Schaudinn.
8. Dr. J. Von Behring.
9. Drs. C. F. Dick and Gladys H. Dick.
10. Dr. F. G. Banting.

The Loss of a Friend

Editor ORAL HYGIENE:

Aside from the dental education to be found in ORAL HYGIENE, the magazine has held a special interest to me each month in my anticipation of the pleasure I get in reading those letters from New Orleans.

Thousands like me will feel the loss of that spirit of good will and friendship that became a big factor in these letters from our dear friend, Dr. C. Edmund Kells.

With wet eyes the profession will feel the loss of one of its dearest friends.

In my fiftieth professional year I probably sense this loss more than some younger man.

18 East 23rd Street, New York. DR. T. LEDYARD SMITH.

"*Ask* ORAL HYGIENE"

Conducted by V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Bldg., Denver, Colo.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

WORK IS A BLESSING

Q.—I have been in practice a little over four years. I am 25 years of age. My gross receipts during my first year of practice were $4,800. My receipts for the third year were $8,000 gross. My fourth year just ended and my gross receipts were $8,000—the same as in my third year. This is the first year in which I failed to gain.

In my first year of practice, my fees were considerably lower than at present. I had many more patients and did much more work with a greater drain on my physical resources in my first year than in my fourth year. I would appreciate your advice on the following point:

From the information I have given you above, in your opinion, do you feel that it is better to render services for a greater number of patients at a lower fee, with a constant drain on your physical and mental being, or do you think it is better to get better fees, turn out better work (which, of course, means less in quantity). I want your advice in this matter in reference to an ordinary community practice only where all the patients are workers living in homes valued from $5,500 to $8,000 or $8,500. I hope that you do not consider my query a childish one.—O.E.R.

A.—If you have a practice running $8,000 gross during your third and fourth years of practice, you have done unusually well, and I am quite sure that many dentists never exceed this during an entire lifetime. That is, if you are collecting most of this, and if your expenses are no more than they should be in a residential or community office.

In answer to your specific question as to whether it is better for a dentist to render services to a great number of patients at low fees or to work for less patients at higher fees, it is my opinion that we as dentists are public servants, and that work—plenty of it—is a blessing.

I think you and every dentist who is physically fit should regulate his fees so that his time should be fully, or very nearly fully occupied doing the best work that he is capable of doing. We should never slight our work, never doing less than the best we are capable of because of the fact that the patient is unable to pay a large fee—either on the patient's account, or on our own, as our skill is developed by our constant effort to improve our technique with each operation.

You could easily maintain the scale of fees that you have, but drop down in certain instances as a special favor where you feel that the patient is worthy, and do this in enough cases to keep your time fully and comfortably occupied, doing always the best work that you are capable of doing.—V. C. Smedley.

WHAT KIND OF RESTORATION?

Q.—A case presents of pyorrhea history with upper molars, and one bicuspid gone.

To supply these, the plan presenting least destruction to the teeth seems to be a rubber base covering the roof of the mouth without

clasps, which of course should be made perhaps two or three millmeters shy of the gingival borders of the rest of the teeth.

However, the bite is abnormal as the lower teeth strike buccally to the uppers or end to end and it might be possible that the base plate would not be practical.

If not, would a continuous clasp lingual to the anterior teeth in continuation with clasps on the bicuspids with occlusal rests act more as a constructive than a destructive splint to prevent further loss? The left central seems to be a little loose now. Should the bite be opened to relieve this? Patient desires the least expensive restoration, hence the rubber base.—V.H.M.

A.—It is difficult to advise intelligently as to the best design to employ for this restoration without the opportunity to study either the mouth or study casts of the same.

In some cases of this type, however, it is feasible to make what we call the Brenner alveolar attachment. This consists of a smooth clasp-metal finger or spur, which is fitted to the gum just above the gingival contour. These must, of course, be highly polished and smooth, and should be thick enough on the edge so as not to cut.

The first tooth on the plate on each side should make a close contact with first natural tooth in the mouth. These alveolar attachments, when properly constructed, slip over the gum contour with sufficient tightness to blanch the tissue as they pass over—much as a ring blanches as it passes over the knuckle—but sets comfortably and without compression when up in place.

The continual lingual clasp and bicuspid clasps with occusal lugs, as you suggest, is a very desirable construction in some cases, and it may be preferable and just the thing in this case. However, if the lower teeth bite close against the lingual of upper incisors, you would not have room for the continuous lingual clasp without opening the bite, and you, of course, should not think of opening the bite unless you build the bicuspids down to occusal contact in the open bite relation.—V. C. Smedley.

CHEEK DISCOLORATION

Q.—I extracted upper left cuspid, first and second bicuspid, for a patient, using freshly made solution of novocaine. Patient complained next day that cuspid socket bled all night but finally stopped early in the morning. The next day I saw the patient again and there was a purple discoloration on the left cheek and under the left eye. This color persisted turning a greenish yellow. I have seen the case every day since; this is Monday and the teeth were extracted last Thursday evening. There is not a sign of an infection but the gums and cheek are still discolored. The syringe and needle and anesthetic were all sterile at the time of their use. How do you explain the discoloration that followed? I would appreciate an answer by return mail.

It is my opinion that the novocaine produced a sort of an antiphylactic reaction on the blood which produced the discoloration. What is your answer?—I.N.H.

A.—This is not a very infrequent occurrence following an extraction —especially where the patient is a free bleeder with slow blood coagulation tendencies. It is due to a bleeding into the tissue, and is much the same in appearance and will disappear gradually by resorption in the same manner as would a bruise from a blow or trauma.

Novocaine probably had nothing to do with this condition although the needle may have ruptured a small blood vessel permitting this bleeding into the connective tissue. —V. C. Smedley.

U & U Photo

The poor class willingly attend free dental clinics in the towns, but in the country districts the peasants do not always appreciate preventive dentistry.

Czecko-Slovakian Dentistry

By Captain George Cecil, Paris, France

IN pre-war days, and for some time afterwards, dentistry was in a bad way throughout the country which now is known as Czecho-Slovakia. Physicians, some of whom had undergone a very slight training, were allowed by the government to undertake oral surgery —and scarcely to the benefit of their patients. Dentistry, in short, was looked upon as a medical side-line; the physicians, though inexpert dentists, were permitted to undertake extractions and fillings, crown and bridgework. A few certainly endeavored to qualify in a proper manner; they devoted the necessary amount of time to studying the subject, thus benefitting their fellow beings. The majority, however, allowed themselves a very short course, and with more or less disastrous consequences. Simple extractions excepted, the patient experienced no benefit, further trouble always following the physician's inadequate ministrations. He merely was a stop-gap; nothing more.

Dental mechanics also practiced oral surgery, though strictly forbidden to do so, the law upon the subject having been most explicit. Notwithstanding the penalties imposed by the government, these people undertook cases which they should have left alone. When brought to court, they were heavily fined, a circumstance which did not put an end to the mal-practices. Indeed, there still are instances, mechanics occasionally calling themselves dental surgeons and, so to speak, acting as such.

Upon the Czechs securing their independence, conditions soon took a turn for the better. Dental clinics have been established in two of the universities, the professors temporarily engaged thereat being dentists of renown from Germany, Austria and Hungary; and next year it is hoped to build a State Dental Institute at Prague (locally pronounced "Praha"). The Public Health Department has listed a sum which is sufficient to pay for the building, and the State will make provision for the payment of the lecturers. Decidedly, a move in the right direction.

Special (and necessary) steps have been taken with regard to training a staff of efficient teachers for the institute. Men are being sent to various countries to study all the latest methods, both where dentistry and teaching are concerned. America being far ahead of all other lands in this direction, it is confidently expected that the "study tour" will include the United States. Canada, too, is spoken of in this connection.

For some unexplained reason, the government insists that physicians alone may practice dental surgery. The combined course of study includes five years' medicine and two years' dentistry, a period which, it is thought by the professors at the clinics, might advantageously be lengthened. Histology, bacteriology, pathology, dental anatomy, therapeutics, metallurgy, technology and hygiene for the theoretical side of the course, dental practice consisting of laboratory work in oral surgery, crown and bridgework, preventive dentistry, and so forth. The curriculum may sound extensive, especially as it embraces every branch of dental science. Yet, two years seems little enough.

The combination does not meet with general approval, many dentists-in-the-making considering that the two callings should be kept separate. The powers-that-be, however, think otherwise.

In Prague and other towns, the poorer class willingly attends the free dental clinic, many cases being dealt with daily. But in the country districts the peasants do not always appreciate preventive dentistry; if a tooth aches it must come out, attempts to save it being considered superfluous. The bucolic sufferers hie them to a doctor's surgery, mention their overwhelming trouble, and

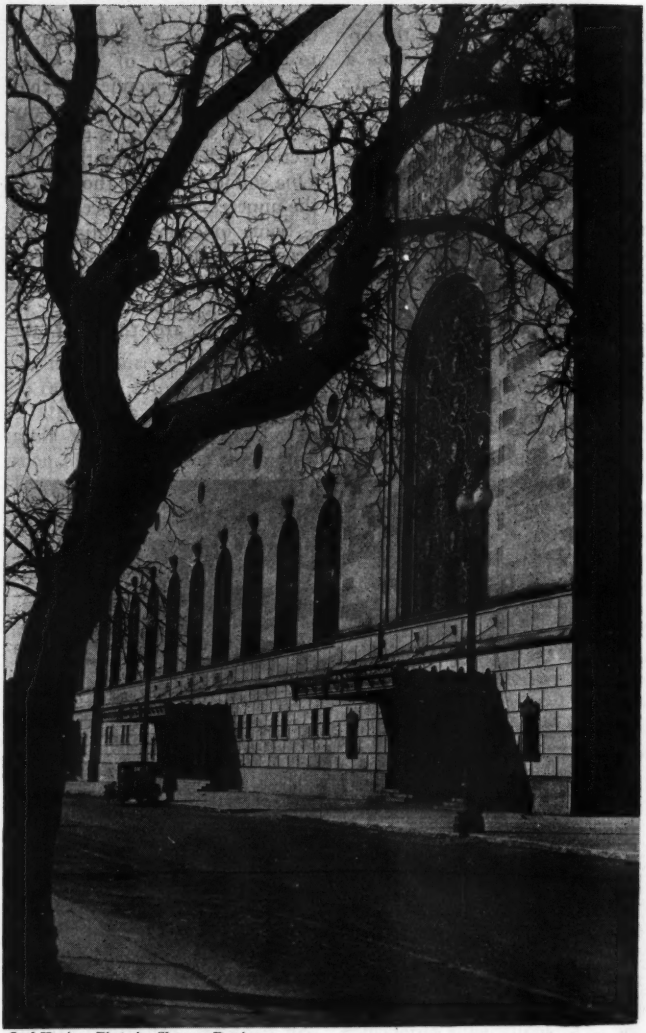
nerve themselves to face the ordeal of extraction. Sometime a local anesthetic is administered; but, as often as not, the patient is willing to forego it. Occasionally, the hardy victim, like the Spartan boy, utters no cry.

The rural *boyar* also has elementary ideas upon the subject of dental relief, especially if he is of the old-fashioned type. Brought up in the depth of the country and seldom having quitted it, this curious type of land owner believes in extraction—to the exclusion of all other remedies. The wonder is that *boyars* of this type have any teeth left, so marked is their objection to having a tooth filled. One shudders at the thought of the unnecessarily sacrificed teeth!

Some of these unenlightened people actually believe in *pokol*, as witchcraft is termed, toothache being attributed to it. Their ideas are those of the Middle Ages.

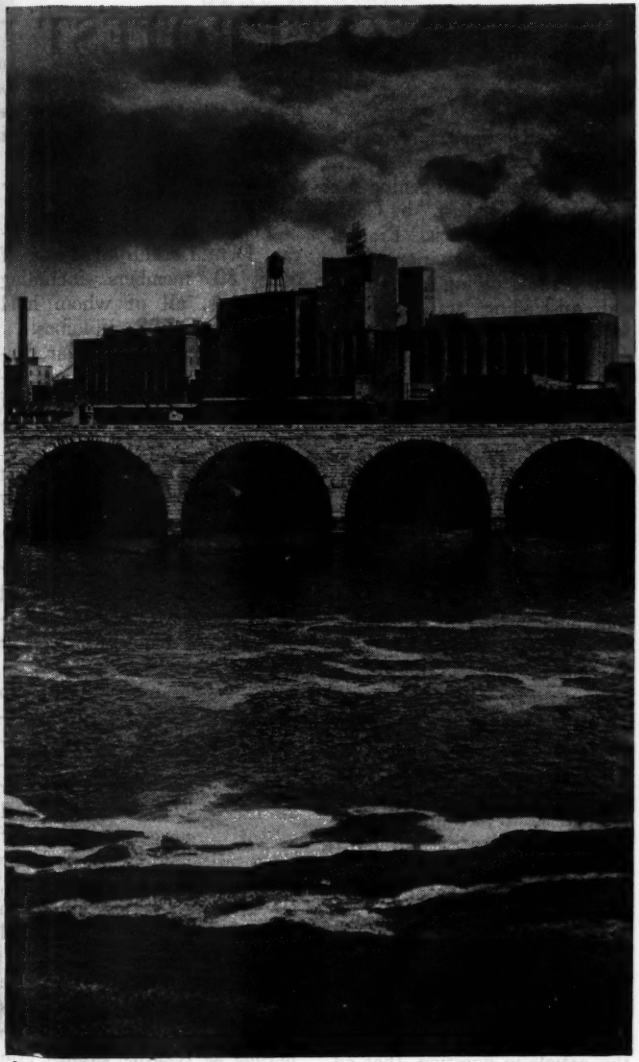
P. and A. Photo—

Dr. Arnold Kegel, Chicago's Commissioner of Health, examining teeth of children from the Alexander Hamilton School during Health Week.



Oral Hygiene Photo by Clarence Purchase

The beautiful Minneapolis Auditorium where the A.D.A. will meet this August.



Oral Hygiene Photo by Clarence Purchase

Minneapolis, where the A.D.A. will meet, is the flour center of the world. This is one of the mills.

A FRENCH PROTEST

Editor ORAL HYGIENE:

The article appearing in the November number of your publication,* entitled "Opening for an American Dentist," by Capt. George Cecil, Paris, France, has raised the indignation of the Paris dentists owing to the false and misleading statements it contains and has caused surprise that an American journal, with such a reputation and wide circulation, should show such lack of diplomacy or ignorance of facts, as to publish it.

At the last meeting of the American Dental Club of Paris a vote of censure was passed upon your House and the undersigned committee was appointed to draft this reply to your publication.

Aside from the unhappy incident of the "filling falling out," a thing that might occur in any country (as it is known that unscrupulous dentists *do* exist), we would like to know by what authority Capt. Cecil claims competence to pass judgment on the status of dentistry in Paris, and—

For the edification of the 61,000 and more esteemed readers of *Dental Hygiene*†: in the interest of patients coming from other countries and for the information of any dentist who might reasonably think from this article in question, that admission to practice in France is free, we beg to inform you of the following facts, namely:

That competent French dentists abound.

That there exists an American Dental Club of Paris of over 80 members including foreigners, all of whom hold American D.D.S. diplomas.

That there is a regular dental service at the American Hospital where immediate relief can be obtained and a list of the leading Paris dentists.

That as elsewhere, the best dental service may be found by a little discriminate selection.

That the French and American dentists do not consider themselves as all-sufficient and are ready to welcome any competent man who can pass the French requirements.

That a foreigner, in order to practice in France must, regardless of any and all outside diplomas, pass the French Baccalaureate examination, spend a year at least, in a French dental school, undergo a course of practical anatomy, and finally pass an examination in French, on all subjects pertaining to dentistry as well as a clinical test examination.

In the name of justice we therefore decry this article as untruthful, misleading and slanderous as regards French dentistry and request the publication of this letter.

Concerning the announce-

*It appeared instead in ORAL HYGIENE for December, 1927, page 2372.

†ORAL HYGIENE not *Dental Hygiene*.

ment of "several more breezy articles by the same author," we earnestly solicit your verification as to facts before publication.

Respectfully,
W. S. DAVENPORT,
D. HALLY-SMISH,
G. B. HAYES,
Committee.

Signed, G. B. HAYES,
17 Avenue de l'Opéra
Paris, France

Herbert Photo—

Dr. Carl Ederbach, of the University of Michigan, is shown holding a dental clinic on board one of the Grenfell hospital ships in Northern Labrador.

W. LINFORD SMITH
Founder

ORAL HYGIEN

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

Hospitalization

A HOSPITAL is an institution for the protection and treatment of the sick.

The cause or the location of the sickness doesn't count; the hospital is there for the use of those who need it.

If the sickness of the patient happens to originate in the mouth, the patient is not barred from the hospital on that account. A foolish prejudice against the use of hospitals for oral surgery cases seems to exist in some quarters and in those same districts house calls for treatment following severe extractions do not meet with the favor that one would expect.

The mouth is the most frequent avenue for the entrance of disease, the hospital the most frequent area for the exit of disease; let us bring them closer together.

There was a time, now happily past, when the dentist's patient was not so welcome in the hospital. Today the dentist, and particularly the surgical dentist, receives the same welcome for his case that the physician of equal standing receives for his patients.

If a patient suffering from oral disease, injury, or deformity presents symptoms that indicate the desirability of hospitalization, that patient should be sent to a hospital.

The hospital expense is justified by the necessity of

the case. The old cry of "grandstand play" has kept many patients out of hospitals when their welfare demanded hospital care. It is more unfortunate to refuse hospital care to a patient who needs it than it is to send in a patient who could have done very well outside; unbiased judgment must be exhibited.

If the patient needs the hospital, why assume the risk of delayed repair, possible permanent injury and certainly greater suffering by advising against the institution?

No harm can come to the patient who receives more care than his condition might deserve: much harm can come from too little care.

There are three general problems to consider in determining whether or not the dental patient should go to the hospital—first, the severity and seriousness of the pathological condition present—second, the general condition of the patient aside from the cause of the present illness, and third, the combination of serious local and general derangements.

The first problem would take into consideration the patient who is in reasonably good health with apparently normal resistance and who presents a local condition of severity as for instance unusually difficult impactions of teeth, the necessity for extensive extraction of infected teeth where severe reaction is liable to occur, antrum cases of unusual severity or with complications, many types of fractured jaws, osteomyelitis and neoplasms.

Under the second problem we have those patients whose physical condition is such that even a simple local pathology carries the possibility of danger. Here we must consider the welfare of the patient suffering from diabetes, epilepsy, nephritis, neurasthenia, insanity, tuberculosis, haemophilia, heart

lesions, high or low blood pressure and all of that long list of conditions that lower resistance to a dangerous degree.

Under the third classification we could arrange that large number who are already in the class of lowered resistance and who present a local pathology of such severity as to require hospitalization.

No patient should ever be sent to the hospital merely to make a show, but no patient should be denied hospitalization because the dentist is afraid that Dr. Smith or Dr. Jones might not approve.

Your first duty is to your patient. You must have a clear conception of what the patient needs and what you propose to do. While it is desirable to have the approval of your confreres, there will come a time when you must decide either for the patient or for "Dr. Grundy."

My vote is for the welfare of the patient regardless of what my neighbors may think.

1928—1918

The Tyson-Fitzgerald Bill which would give retired pay to Emergency Officers who were disabled in the service of the United States was passed by both houses of Congress and vetoed by President Coolidge.

Those patriots who have proved by their wounds that they did not "choose to run" in 1918 do not seem to have the whole hearted sympathy of the one who did not "choose to run" in 1928. Fortunately the Senate and the House overruled the veto and the bill is now law.

Dr. Max Wassman, Jr. Vindicated

Some time ago Dr. Max Wassman, Jr., of San Francisco, was tried in Los Angeles by the California State Board of Dental Examiners upon a charge of

inefficiency in dental practice, found guilty upon the evidence of one case and given a five-year suspension sentence. The Superior Court of San Francisco reviewed the case, set aside the judgment, scored the Board, and completely vindicated Dr. Wassman.

It is only fair to the Board of Examiners to state that since that trial there has been a material change in the board membership.

The Editor of ORAL HYGIENE personally congratulates Dr. Wassman upon his victory.

Where Editors Come From

The difference of opinion is not so much on where editor comes from as to where the editors are going —also when. The following is from the *Bulletin of the American Legion:*

"I don't know how newspapers and magazines got into the world, and I don't think God does, for He ain't got nothing to say about them in the Bible. I think the editor is the missing link we read of, and stayed in the bushes after the flood and then came out and wrote the thing up, and has been kept here ever since. If the editor makes mistakes, folks say he ought to be hung; and if the doctor makes mistakes, people can't say nothing, because they can't read and write Latin. When the editor makes mistakes, there is a big lawsuit, and swearing and big fuss. A doctor can use a word a yard long without him or anybody else knowing what it means, but if the editor uses one he has to spell it. Any college can make doctors to order, but editors has to be born."

What is Culture?

By Clay W. Sprick, D.D.S., New York City

BETIMES it is said a man does not have it, at others that he is rich in the quantity he possesses. What is it?

Often reference is made to the cultures of peoples in national or racial groups as the culture of England or of China. An outlineless, vague, panoramic picture thwarts the mind and the word has done its part. Definition of it would be easier in this usage perhaps than in the former but would still be difficult. What is culture?

A good beginning would be to say: I do not know. But that need not make its discussion unprofitable. There are so many things we do not know that are as commonplace, as essential as vitamines or light. What is truth? What is education? What is culture?

What is truth? Truth is, well—truth is—frankly I can't tell. Still I do not banish the consideration of it nor stop my quest for it. We know the truth about some things. We know the truth of the harvest that what a man sows he will reap. We know the truth about gravitation that what goes up must come down. We know a truth from mathematics that one cannot include error in a calculation and not have error in the answer.

So with education. Some truths concerning it, some of its basic principles we know, something of its uses we understand. As applied to crafts and professions we make some indisputable observations. As regards general knowledge we are sure the gifts of the past, sources, times of future-shaping events should have a place. But how much of any one, how much to any one, what is excess and what is a dispossession of something more effective? Here doubt begins, persists, seems unvanquishable. The mind must be educated, stored, trained in manipulation, sieving, selecting, but what is effective for one is not for another, what is valuable to one is worthless to the next. So the dispute waxes. Heredity has played with the instruments. Who can tune them? Still she has left enough similarity to give a place to start.

What is culture? Matthew Arnold said it is "Contact with the best that has been thought and said in the world." A glance shows this to be utterly impossible—even to Arnold himself. So much that has been said and thought was lost to him in the silence of the tongues he did not know. He knew Latin and Greek but did he know Sanskrit and Chinese? Obviously translations would not serve.

Using the vaguest of standards we conclude that education as schools provide it is not culture. College faculties illustrate the negation glaringly. That learning is not culture the classrooms of the mighty show beyond cavil. Intense specialization that puts a name highest in authority has been known to exclude the world from its domain. It became weak-sighted in the glare of its own brilliance. It is possible that in the pursuit of a specialty one may from its flowering catch the beauty of others, learn from its revelations an esteem for truth or excellence elsewhere, but specialization has been justly termed "the persistent foe of culture."

Again, all are not capable of culture. Some are born with an immunity to it. Set in the midst of it, hemmed in with truth, beset by beauty, such remain unfired and unchanged. Heredity like a mill leaves its pile of waste.

Doubtless culture gives the mind its right to supremacy. It sits where it sways its kingdom. Control never leaves its hands. It moves and speaks out of its own authority and refuses to serve another. It is independent, thinks for itself.

Culture implies a recognition of values, an appreciation of the precious stones along life's strewn ways. It is above the markings of color or creed. An approval by no matter whom, recommends itself not at all without investigation and no disapproval submerges aught by its authoritative merit. Old and new, culture assays. The profuse and scant it alike examines. Prejudice is not its offspring, is not even a relation of culture. Culture is passionate to understand.

Both heredity and education enter into the composite of culture. No one is born cultured. The share of training and experience must cleave the soil. Such the term implies—to cultivate. But the soil must be arable, productive. And in sequence there must be grades of arability, of culturability. Culture is known to all of us where education by any standard process was unknown or negligible. Education of the schools is not an absolute essential but it helps. This elusive but persistent thing has been defined as having "a natural instinct for fineness in whatever intellectual field or plastic form, to have pursued fineness as constantly and as variously as circumstances allow, never to be seduced by mere prevailing fashion and to find continual, unsatiated delight in fineness of quality wherever it appears." A cultured soul is one, says Anatole France, that "adventures among the masterpieces." Capacity for such adventuring is first necessary. Education gives opportunity for such adventuring.

The writer of this lays no claim to culture. He knows that the cultured are few, outnumbered by the uncultured and

those who essay to wear culture as a garment, the pseudo-cultured. For some there has been slight opportunity for testing the soil; to some culture has come like a fine dust of gold, unrecognized because of its fineness and the gradualness of its fall. A man cannot be cultured and be ignorant of civilization, of human relations and interests. He must needs have acquired the sense to recognize the beauty in things, the worths of commonplaces, a sympathy for the falterings of his fellows, freedom from stunting prejudice and a just measure of his own place in the world and in life. To many this has been denied by specialization. The denial is defended by economic need. Then that need is a curse and a blight, a foe to culture. In the plan of education that leads to profession the blind have evidently led the blind.

A Statistical Hobby

By Harold G. Schwartz, D.D.S.,
Bridgeport, Conn.

ALMOST everyone has a hobby of some sort. Some people collect stamps, some foreign coins and others antiques and relics.

Statistics have always been interesting to me, and since I am in practice I have developed a statistical hobby.

There are several good accounting systems for dentists on the market but none seem to meet with my requirements. They never divulged how much of the business transactions were "on the books." They never showed whether a profit could be realized by sending notices or reminders to patients six months after completion of their work.

This system is very simple, inasmuch as it requires but an hour a month to maintain. The charges are self-explanatory, Chart I being for business expenditures and Chart II for other data and summary.

BUSINESS EXPENSES 1927. CHART I

BUSINESS EXPENSES 1927. CHART I

Months	Rent	Laboratory	Supplies	Gold	Notes (without Interest)	Interest on Notes	Phone	Electricity	Gas	Coal	Water	Magazines	Laundry	Postage	Printing	Insurance	Taxes & Charity	Total
January	$45.00	$63.50	$20.00	$	$106.00	$ 6.36	$5.00	$6.11	$3.19	$11.00	$	$2.00	$5.00	$2.00	$7.50	$23.00	$	$305.66
February	45.00	52.70	10.50	9.60	106.00	6.89	5.00	6.37	3.63	7.00	....	2.00	5.00	....	....	....	2.00	258.69
March	45.00	51.80	....	2.20	106.00	7.42	5.00	5.07	2.76	8.00	....	1.00	5.00	2.00	....	16.00	....	252.25
April	45.00	59.45	15.35	....	106.00	7.95	5.00	4.68	2.61	3.00	....	1.00	5.00	....	....	....	....	255.04
May	45.00	62.45	18.85	9.30	106.00	8.48	5.00	4.03	5.57	2.00	13.00	1.00	5.00	....	....	....	5.00	298.28
June	45.00	57.70	12.75	3.30	106.00	9.01	5.00	2.21	3.77	....	....	2.00	5.00	2.00	....	....	....	253.74
July	45.00	58.20	23.50	4.40	106.00	9.54	5.00	1.50	2.61	....	....	9.00	5.00	....	....	....	5.00	274.95
August	45.00	51.40	9.75	....	106.00	10.07	5.00	2.46	2.32	....	....	....	5.00	1.00	5.00	....	....	242.60
September	45.00	57.35	17.60	2.20	106.00	10.60	5.00	2.08	1.89	....	....	1.00	5.00	1.00	2.50	....	....	257.22

CHART II

Months	New Contracts over $90.00	New Contracts after Extraction	New Contracts by recommend.	Notices Sent Out	Responses to Notices	Number of Translents	Cash Receipts	Expenses as per Chart I	Earnings	Taxable (Notes, etc.)	Taxable Income	Earnings	Personal Expenses	Net Gain
January	15	4	7	24	16	42	$792.00	$305.66	$486.34	$106.00	$592.34	$486.34	$200.00	$286.34
February	14	5	6	28	14	38	741.00	258.69	382.31	106.00	488.31	382.31	190.00	192.31
March	23	5	10	31	18	30	710.00	252.25	477.75	106.00	583.75	477.75	175.00	302.75
April	21	4	10	30	12	36	710.00	255.04	454.96	106.00	560.96	454.96	200.00	254.96
May	18	6	8	27	15	31	680.00	298.28	451.72	106.00	557.62	451.72	180.00	271.72
June	14	3	8	24	12	42	680.00	253.74	426.26	106.00	532.26	426.26	180.00	246.26
July	20	7	4	32	17	39	693.00	274.95	338.05	106.00	444.05	338.05	275.00	63.05
August	19	7	3	30	12	33	591.00	242.60	350.40	106.00	456.40	350.40	225.00	125.40
September	23	6	11	29	16	40	790.00	257.22	532.78	106.00	638.78	532.78	175.00	357.78

Jogging *the* Memory of Debtors

By Ruel McDa

THE average man pays his dentist's bill with about as much pleasure as he pays for repairing his automobile that has been smashed in an unexpected meeting with a telephone pole. He never contemplates either, so long as his teeth and his car work properly; and when he does find it necessary to pay such a bill, he does it with some degree of reluctance, though he may not express it.

Obviously, then, it is very easy for the average citizen to forget to pay his medical service account. He is naturally absent-minded, anyway, when it comes to paying out money for service he already has received and from which probably he sees no tangible results (he has little appreciation of good teeth, so long as he has them). So it is up to the dentist to remind his credit customers often enough and logically enough to get them in a paying mood.

How a group of Southwestern dentists do this through the use of a series of four mailing pieces may offer a suggestion to members of the profession in other sections of the country.

These dentists have their offices all leading into a co-operative reception hall and find it economical and convenient to co-operate in a number of ways, including the collection of accounts. All bills are charged in favor of the "clinic." The dentists' names never appear on any of the statements. Therefore the matter is obviously taken out of the hands of the individual and the debt no longer is a personal matter between the dentist and his former patient. Thus it appears to the patient a regular business matter and he soon forms the habit of considering it as such. He is willing to owe the family dentist money indefinitely; but he does not like to be in debt to this impersonal, business-like organization going under the name of the clinic.

"We have tried to be as careful as possible with the granting of credit," explains one of the dentists of this co-operative group. "We have become gradually more strict than we were before the adoption of this system, being careful not to go to the extremes of cold-blooded business in the granting of credit, however. Thus by watching the caliber of our credit patients a little more carefully we have found that we are safe in assuming that fully ninety-nine per cent of those to whom we grant credit are honest and fully intend paying their bills.

"But we do not forget, at this point, that most people are ter-

y low-thinking

The office girl copies all names and addresses, and the amount due from each, on a special form.

ribly forgetful when it comes to paying out money, and that they are even more forgetful when it comes to the payment of their dentists' bills. Our follow-up system is designed with this thought in mine.

"Another fact that guided us in the preparation of this series of mailings is that all other lines of business which grant credit go about the collection of their accounts in a methodical, business-like manner. They first ask a customer to pay; then if he does not pay within a reasonable length of time, they demand that he pay. And he usually knows that he cannot afford to ignore this demand.

"Thus if the dentist sits politely by and does not put in a word for himself, the various other concerns holding a claim on the patient's credit are going to demand their pay and get it, while the dentist holds the proverbial bag, unless he makes a little noise too. The debtor is going to pay, first of all, the concern or individual which makes the most earnest demand for settlement, then with what is left he will pay the rest. It is our intention, by the use of this series of mailings, to indicate to the person, without causing offense, that we too, want our money. We are highly pleased with the results."

One of the first fundamentals in inducing patients to pay their bills promptly is to set an example of promptness before them. So these dentists assumed and then found to be true. Accordingly, the clinic sends out all statements so that they reach the debtor on the morning of the first of the month. If that day should happen to fall on Sunday or a holiday, then the statements go out so that they reach the person owing the money *on the last day of the old month, rather than reaching him on the second day of the new.*

This rule is not followed periodically but regularly, month after month. The follow-up reminders likewise go out as designated each month rather than on one day this month and still another date the following month. This practice of strict regularity and punctuality in sending out statements and fol-

low-ups has been a real factor in the success of this collection plan, these dentists aver.

The logic in this practice is obvious. The debtor notes that the dentist is prompt and methodical in the submitting of his statement and in following it up if payment is not forthcoming with the proper promptness, and he unwittingly assumes that the same promptness is expected of him. The effect is obvious.

At the time that an office girl makes up the statements she also copies all names and addresses, and the amount due from each, on a special form which she keeps constantly on her desk. Thus every patient owing money is listed on the form, together with the amount due.

When payment comes in from a person, his name is scratched from the list, automatically indicating that he has paid. If he pays only a part of his bill, that fact is briefly noted on the list. Thus the list shows any time at a glance those who have not paid their current bills. This is used then to send out the series of follow-ups.

As explained in the foregoing, the dentists assume that their debtors are honest, though probably absent-minded. Therefore, these reminders are designed to jog the memory of those forgetful ones; not to attempt to frighten them into paying, for that creates more than enough ill-will to counter-balance whatever good the thing does in getting past-due money.

The dentists have found that promptness on follow-up is essential to successful collections. There is printed a note across the bottom of each statement to the effect that all bills are payable on or before the 10th of the current month. It is evident that they mean it, because on the afternoon of the 10th all those persons whose names still remain unscratched on the list are mailed the first of the reminders. It reads:

WE ARE ANXIOUS
TO HEAR FROM YOU

There are two ways you can let us know why you have not paid us this past due account.

Either phone or place a check in the mail—today—please.

The card bears the name and address of the clinic. It also bears a semi-humorous cartoon aimed at making the recipient smile, for these dentists believe that even in their profession a little smiling goes a long way, whether you're administering to a patient or asking a well man to pay his just debts. The cartoon shows an ill-proportioned character, obviously a representative of the dentists, shedding huge tears because (apparently) the postman standing before him had no check for him. The inference is that the character is sobbing because the recipient's check was missing in the day's mail.

Five days later the second mailing goes out to all names still unmarked on the list. This, like all the others, is a card about the size of a government

postal card, printed on one side. The same humorous character appears on this, and the text reads:

$25.00 REWARD
DEAD OR ALIVE
for information as to why all the bills on our desk have not been paid.
Your check for ($——) has been missing since February 10th.

These mailings are not a series as regular series go. That is, no particular one has any tie-up with the other. The first is just as urgent as the last. There is nothing of the formal, threatening credit notice in any of them. They are primarily reminders. The third reads:

WHEN GABRIEL BLOWS
His Horn and St. Peter
Opens the Gates
what are you going to say about that ($——)?

The character on this card helps the story considerably. He is shown talking with St. Peter, who says to him, "Give me the names of the people who have not paid their bills." The character is laughing heartily at the thought of being able to get even with those troublesome delinquents.

That mailing goes out on the 20th of the same month to all whose names have not been scratched from the list. On the 25th—just five days later—the fourth card goes out. It is something of an ace-in-the-hole, so to speak. It is an orange-colored card. Around it is neatly wrapped a piece of bright green twine fully three feet long. The text reads:

IF IT'S STRING YOU NEED
We have it to remind you that your check for February has not reached us.
Why not drop it in the mail NOW? It's just ($——) and we'll appreciate your promptness a great deal.

All four pieces fit into regular note-size envelopes and are mailed under first-class postage in compliance with postal regulations demanding that all matter of a collection nature be concealed when in the mails.

Sixth grade pupils of the Park View School of Washington, D.C., appeared in a playlet, "The Bad Baby Molar," in the interest of child dental hygiene.

International Photo.

A DENTIST Designed the Wooden Golf Tee

PROS who are getting the welcome, effortless and constant profit of patented tee sales get a sharp reminder of the comparatively recent growth of this added revenue when they run across the dope that less than seven years ago Dr. William Lowell, a New Jersey dentist, whittled out the granddaddy of the first Reddy tee. A little later on he experimented with a top of the tee made of dental cement and then there were about a dozen other types he worked on until he finally developed the Reddy tee as it is today. An interesting detail of the Reddy tee exhibit at the International Golf Show was the array of various models in the Reddy tee's history. It was significant to note that the present model in a great many respects shows close adherence to the doctor's original hunch.

There was a great deal of kidding shot at Dr. Lowell when he began using his tee, and the fellow club members and other friends he got to use it also were targets for the wisecrackers. But instead of kidding Lowell out of faith with his idea they worked him up to a "steam ahead and damn the torpedoes" state. He sampled the tees among everyone who might "click" on the new stunt. Star pros, and amateurs and rank dubs, if they happened to be in the line of fire, got the works from the doctor. One of the first cash sales was made to John D. Rockefeller. Walter Hagen and Joe Kirkwood were about the first notable pros to use them.

In putting the Reddy tee across, Dr. Lowell poured money into sales promotion until the pioneering expense started to look like the German national debt. But after he'd done his preliminary investigating and sales work he dug into his jeans again and started advertising. Then the tide turned strongly his way and has kept on favoring him until Reddy tee sales per year are at a figure that would make you gasp. Now the golfer who uses sand to tee the ball is in the rapidly dwindling minority, approximately less than 15 per cent of the golfing assembly.

Today the doctor is chairman

of the board of the Nieblo Mfg. Co., manufacturers of the Reddy tee. His son, E. E. Lowell, is president of the company, and his other son, William, Jr., is vice-president. The company's factory is at Norway, Maine, in the heart of the white birch country. The Reddy tee is made of carefully selected, air-dried white birch. The manufacture, coloring and finishing of the tees is done with equipment especially designed for the work, and employing material that is the best the Lowell family can find in the market.

"If You Were Disabled"

Editor ORAL HYGIENE:

Many thanks for the editorial, "If You Were Disabled,"* it surely is commendable.

It so happens I will be one of the beneficiaries of this piece of legislation if it should become a law.

I want to thank you for endeavoring to develop sentiment in its favor. It is much appreciated.

I have a 78 per cent rating but continue to carry on as I am educating a family of four, two in college, one in high school and one in the grades, so you can see it will greatly aid me.

Cordially,

C. L. DANIELS, D.D.S.

Aurora, Ill.

*ORAL HYGIENE, April, 1928, page 678.

The Toothbrush as an Aid in the Treatment of Pyorrhea

By Adolph Sandberg, D.D.S., Boston, Mass.

FOLLOWING surgical instrumentation, and scientific treatment of the traumatic bite, the next essential in pyorrhea is a proper type of tooth brush, properly used. The tooth brush has been much maligned in the pages of ORAL HYGIENE as a germ carrier, but the bacteriologists have proven that the danger is more fancied than real, if only the brush is exposed, after use, to the sun's rays, and there is no satisfactory substitute for the treatment of pyorrhea.

A very good brush, several types of which are now on the market, is constituted of eighteen series of bristles, arranged in three rows of six each. The resulting structure is small enough to reach all parts of the mouth easily, yet large enough to do very effective work. The free end of each series of bristles is cone-shaped so that in the pressure to gums and teeth each bristle covers its specific part. The brush is thus adapted both for use as a tooth brush and also for massaging the gums. It is very important that the patient be instructed in the proper use of the brush for both purposes.

The patient holds the brush horizontally, with the tusks of the bristles against the fraenum, and engages the upper gums with a medium amount of pressure, the side of the brush being used exclusively.

Using the same degree of pressure, he brings the brush down over the gums and teeth. In so doing, he imparts to the hand a more or less accentuated shaking or "shimmy" movement. The same motions are carried out in connection with the lower gums but reversed, the tusks of the bristles touching the lower fraenum and the massaging process being effected by an upward movement of the brush. The tusks of the brush do not touch the gums in any of this massaging.

Upon the brush coming in contact with the tissues, the blood is driven therefrom, but rushes back as the brush is moved away. This results in exercising the gums so that the latter soon loose their dark red and purple color. They become pinkish red in the fraenum area and pink where they cover the teeth. Whether the prognosis shall be favorable or not rests entirely with the patient and the fidelity with which he carries out the instructions.

Crack *this* One

Editor ORAL HYGIENE:

Dr. Bryant King Vann writes in the March issue of ORAL HYGIENE* an elaborate article, dividing modern dentistry into two unequal parts, and then proceeds with a lecture on dental economics addressing those practitioners of dentistry who are in the major part.

I doubt if anyone in the latter group will disagree with Dr. Vann as to his correct diagnosis of the evils enumerated in his article, but one is at a loss to find there any cure or remedy for same. The problem of good dentistry and better fees is often discussed privately, as well as at the various society meetings, but none of these discussions or suggestions ever touch the root of the evil, simply because of its depth. The fault lies not in the lack of knowledge of economic principles applicable to the practice of dentistry but in the economic inequality in the world we live in. Principles applied in the salesmanship of dental service to the rich and the well-to-do can not be applied by those practicing the same profession among the masses; and by far the greatest number of dentists are forced to sell their services to the latter class, simply because it outnumbers the former three to one.

It is comparatively easy to convince a prosperous man, his wife or his daughter of the advantages of a porcelain jacket crown over an ordinary gold shell crown, or of a gold or porcelain inlay over an amalgam or cement filling, but the most high-powered dentist-salesman will make little or no headway if the patient involved is forced, by economic necessity, to give the difference in cost first consideration.

Here is a case picked at random:

A family of six; children's ages eight to fifteen, all badly in need of dental service. Mother fully aware of the fact that her poor health is, partially at least, due to faulty mastication, on account of missing molars. Father's case similar. The fifteen-year-old girl is sorely in need of the services of an orthodontist; so is the youngest one. Man's annual income slightly above two thousand dollars. Will Dr. Vann please outline a course of action for the dentist of this family so as to enable him to render the needed service and obtain a fee commensurate with such service? Your effort will be greatly appreciated.

J. W. WARNER, D.D.S.
Newark, N. J.

*ORAL HYGIENE, March, 1928, p. 440.

A "Dual" Dentist

By Bess Carroll of The San Antonio Light

ONE of the most interesting problems known to the human race is that of the dual personality. Ever since Dr. Jekyl played "Mr. Hyde," and long before, the several characters in certain people have played tag with one another—and no one really knew which one was "it."

There is Dr. J. H. Downie, whose factory adjoins his home at 402 East Ashby place—the one man makes inventions in steel, the "other fellow" composes songs and turns his poetic dreams into lyric music.

Starting early as a machinist, Dr. Downie became in time an inventor of dental appliances. For thirty years in San Antonio he has plied his trade. Then one day last Spring the dormant personality of the dreamer assumed life, became like Adam a whole and perfect individual. Since that time he has composed nine songs, both words and music.

And because he can't play the piano, though the songs are all for piano accompaniment, Dr. Downie lets "the other fellow" work in a most amazing way. He explained it very simply—

"I have known something about music all my life. When I was a youngster I played brass horns, then I learned the violin and the cello. So when I decided to write piano melodies I just schemed out the bass notes on the cello and played the others on my violin; being able to read music, I knew how the combinations would sound. It really wasn't difficult at all."

Not at all, maybe—but imagine composing music that you'd never really heard yourself! For of course, not until the songs are finished and are played for him by Mrs. Downie, who is a pianist, does he really know what sort of song he's made.

Yet the other man who is Dr. Downie—daytimes—makes metal contraptions for the dental relief of "suffering humanity." He has invented a number of devices for American dentists.

He's an unusual person—both of him!

Operative Prophylaxis as a Foundation for Money-Making

By D. D. Rider, D. D. S., Minneapolis, Minn.

THE continuation of the articles* dealing with some phases of dental economics in their relation to operative prophylaxis, is an honest effort on the part of the author to be of service to those who desire to increase their business; to render a high type of dental service to their patients; to discharge their professional responsibility to society; and to receive their just compensation for so doing.

I have nothing to sell you. I have no political ambitions; nor have I, as has been requested, prepared a post-graduate course with which to exploit other members of my fraternity.

For *years* dentists have held conventions. For *years* articles on dental health education have appeared in dental magazines. For *years* the A.D.A. has maintained a department of Dental Health Education and suggested that by means of lectures, pamphlets, stereopticon slides, moving pictures, and exhibits, dentists assist in spreading the gospel of oral hygiene "to those whom it concern."

Local dental societies have secured the use of churches and imported speakers so as to spread the gospel of oral hygiene. Some of our alert dentists have made every effort to induce as many of their clientele as would to come and to "stop, look, and listen." The local society, officially, has seen to it that proper and prominent write-ups appeared in the local papers. For the purpose of lay education, and attracting attention to these write-ups, the local societies, officially, have embellished and beautified these articles by inserting the pictures and names of their officers or of those men who have promoted that particular activity.

All this and more has been done, officially, in an honest effort to provide a means of giving the public a *generalized* dental health education.

We congratulate ourselves on our achievements and throw out our chests in *un*justifiable pride over our accomplishments. The vast majority of dentists (over 95 per cent) have followed a policy of "let George do it" on all matters pertaining to public dental health education while a large proportion of these same men condemn the public for its

*ORAL HYGIENE, September, 1927, page 1712; February, 1928, page 222.

ignorance and lack of appreciation of the proper care of the teeth in their relation to health. At the recent national meeting in Detroit, papers were read in which it was admitted that our previous and present methods and old ideas have been and are inefficient, insufficient, and altogether too ineffective.

Now why has the A.D.A. failed so ingloriously to interest its members in spreading the gospel of oral hygiene and why have the members failed to offer their services? The answer to these questions is just the same as that reason which makes altogether too many dentists fail to sell their services to a larger proportion of the public. *They have never taken the trouble to show them the economic value of that service—the money-making value,* if you please.

"Collectively the dental profession has millions of dollars' worth of service that they are not selling simply because they lack the ability to make the public appreciate the value of that service, and the public is suffering as a result of pathological oral conditions that the dentists could prevent.

"The dear public spend millions of dollars for constipating foods, major operations, jewelry, stupefying movies, permanent waves, hooch, victrolas, automobiles and lollypops while maintaining an attitude of indifference to oral prophylaxis and its benefits," says Dr. Rowley, of Ashland, Wis.

Who *owns* oral hygiene propaganda? Does the A.D.A. officially or the numbers thereof individually own it? Absolutely and unquestionably, *they do not.* With bigotry and conceit, and with colossal effrontery, we, individually, have appointed ourselves the trustees of property belonging to the public and oh! —what abominable trustees we have been.

We have concealed oral hygiene propaganda as a miser would his hoard, doling it out only in sufficient amounts to save our professional faces. We resent others seizing upon it for their use. While some of our members call themselves humanitarian public health servants, they continue to exploit society for the almighty dollar by the way of mechanical dental restorations.

A generalized dental health educational campaign is a job of an organization. Co-ordinated localized co-operation is the job for the local dentist.

Inasmuch as the suggestion made in a previous article, that I would be glad to submit an outline for an educational campaign based on tried, proved and result-producing methods, invited no "takers" let us then consider the possibilities of how an individual dentist may help himself *without* an organization back of him.

There are but two ways in which a dentist can increase his income. One, by increasing his fees. The other, by doing a

larger volume of business. And oh! Operative Prophylaxis—what can be done in thy name!

Your reward for honest and conscientious service is *great.*

You repay abundantly for a small amount of missionary service.

You make enthusiastic boosters out of all patients.

You increase our prestige and standing in our communities.

You cause us to be asked to write articles in class publications, which gives us an entree for more practice.

You cause us to be invited to speak before appreciative people, a reasonable percentage of whom come to our offices, convinced and ready to do business.

You give people something to say about us that they can't say about the "ethical" quack or the "dental mechanic."

You cause total strangers to call up and make appointments, because a previous patient has been enthused over "that kind of service."

You assist in educating our patients so that they are willing to pay an annual fee for a prophylactic dental health service in which no guarantee is expected.

You raise dentistry from mere mechanics to real professional service.

You teach people to put *price* secondary to *service.*

You give our patients confidence in our judgment and ability.

You cause our patients to keep their appointments.

You help us in making collections.

You give us something to talk about (Prophylaxis) which can be used legitimately to and acceptably in getting more practice.

You furnish a basis for the best follow-up system yet devised. (This is the judgment of others as well as myself.)

You allow us, depending upon the class of patients we are catering to and the economic conditions under which we are compelled to operate, either to build up an office from one to four chairs or to cut down an office with four operating rooms to one of but two because people demand our personal attention. (I have done both.)

You make it possible for us to sell a patient who comes into our offices to have one tooth "patched up," over $200 worth of *needed* dental service.

You make it possible for us to induce our patients to have done all *needed* dental work—necessary to put the entire mouth in healthy condition.

You give us the personal satisfaction of knowing that we are rendering the highest possible type of dental service to our patients and humanity.

You make us feel *deserving* of the title of "Doctor."

You eliminate much grief from the practice of dentistry.

You stimulate us in the pursuit of our affairs.

You guarantee us more money with less physical effort.

You remove the concern for

our later years, because we can practice *Operative Prophylaxis* when we cannot practice *Operative Dentistry* (if we, unfortunately, must practice).

What is this Operative Prophylaxis that it will do all these things when properly managed?

Operative Prophylaxis is the method of practicing dentistry whereby the maximum amount of needed dental service is done necessary to put the entire mouth in healthy condition, followed by an intelligent prophylactic dental health service in which there is an honest effort to prevent future trouble and *to spread the gospel of oral hygiene* wherever, whenever, and to whomever possible.

The efficiency, the essence, the secret, the heart, the success of Operative Prophylaxis lies in the prophylactic dental health service. People will go through pain and discomfort, if necessary, and willingly pay a reasonable, economic and equitable fee to arrive at a point where their dental troubles are practically at an end.

"When dentists are willing to assume a reasonable amount of responsibility for dental work done and are willing to cooperate with the patient thereafter in an honest effort to prevent future trouble, and can convince their patients that they are capable of rendering such service," and will *sell their patients—first of all,* on the economic, health, and efficiency value of a prophylactic dental health service—then Operative Prophylaxis will do all for them that it has done for me.

What does a prophylactic dental health service include?

1. Explanation of the processes of decay; where decay usually occurs and why; how to prevent decay and a demonstration in the patient's mouth, with the proper kind of toothbrush, etc., showing the patient just *how* and *why* her teeth should be brushed and cared for in that particular manner.

2. *Calling up* (or otherwise notifying) the patient to come in for "inspection," as we call it. Our results are 100 per cent. We have never failed if the patient is accessible. The first call is never longer than two weeks after finishing all dental work and demonstration. If, on the first inspection, I find that the patient has done as instructed I stretch out the next call to four weeks, and so on, I double the time until I have discovered the point at which my patient loses enthusiasm and fails to follow instructions. If, at the end of a four-week period, or any other period, I find that my patient has not done as instructed, I move him or her back to a two-week call.

By this time, if not before, my patient has learned that I mean business, and that my honest intention *is to prevent trouble* and *not* to call them up—*hoping* to find it. How *any dentist* can hope or believe that a successful follow-up system, based on looking for cavities, no matter how small, is worth a

"tinker's damn" is far beyond my comprehension.

Now do you see why my patients are glad to return when notified? Also if a patient is paying on the installment plan —can you see where it helps my collections?

In other words, I have such patients come in for inspection at payment periods (whether they need that much service or not). There is another need—that's the one I'm *also* thinking about. Do you also see how I never lose contact with patients and can furnish them the right kind of information, periodically, to keep them enthusiastic?

3. Instructions to mothers and prospective mothers on prenatal, infant, and child feeding. Advising mothers to tell their engaged daughters what I have told them; or, *more often,* have them bring the daughter to the office so I can do so. Question: Did you ever lose a good patient because she married out of your clientele? Think it over. Use Operative Prophylaxis and cause them to bring that newly acquired family to *you.*

4. Getting parents' co-operation in the daily care of children's teeth. I go so far, where necessary, as to *insist* that mothers clean the children's teeth for them and show both father and mother how it saves money and health. In some instances I go into the homes of my patients, for which I charge a fee.

5. Professional co-operation and economic reciprocity with the family physician. Herein lies the economic answer to the uneconomic and unprofessional six-year dental course.

These are the principal features of a prophylactic dental health service. Space does not permit the mention of many other things of economic and service value.

AND NOW, last and by no means the least in the consideration of the practical application of what I have called Operative Prophylaxis as a foundation for money-making *is the spreading of the gospel of oral hygiene whenever, wherever* and to *whomever* possible.

It is *not* necessarily *true* that publicity approaches "vulgarity," nor that it needs *must be* unethical. In my article which appeared in the February, 1928, issue of ORAL HYGIENE, I stated that "the master key to open a dental health education campaign either by the individual dentist or an organization, is Prophylaxis. Almost inexhaustible are the talking points. The proper dentists to put on such a campaign are those who practice what I have called Operative Prophylaxis, even though they have done it under a different name, or no name at all." Who's rendering a *better* service and who's more *worthy* of patronage?

If there is a secret as to "How Operative Prophylaxis Builds a Practice,"* I have honestly endeavored to give it to you in this and the other two

*ORAL HYGIENE, Sept., 1927, page 1712.

articles which have been published. I sincerely hope that I am being of service. I do not wish to make myself a bore, nor to presume to monopolize the pages of any issue with undesired reading material.

It is unreasonable to expect ORAL HYGIENE to publish the detail and contents of letter forms, pamphlets, follow-up systems, lectures, informal talks, etc., that I have used in getting extremely satisfactory results.

I have already told you the essence of these and you can possibly do better than I. Just remember this, if you do send out letters or anything else to your patients for the purpose of stimulating practice *do not try to sell dentistry. You can't get away with it and people do not want it.* On the other hand *do try* to sell a *prophylactic dental health service* and if you believe in it yourself, if you are enthusiastic about it and if you present it to *prospective* patients *properly,* you'll get handsome returns on your investment of time and money.

People can be made to see the advantages of an honest and intelligent prophylactic dental health service, and will have the maximum amount of necessary dental work done to get on *that* basis.

Other things being equal, you do any or all the things (you know what I mean) that dentists are wont to do in order to "increase their acquaintance" and I'll take Operative Prophylaxis and *get more good practice* and more laymen friends with less expenditure of time and money.

Now fellows! Economically at least, *there's something that's wrong.* "There's something that's rotten in Denmark." Flatter and deceive ourselves all we wish, there are a few stubborn facts that stare us in the face and cannot honestly and intelligently be denied. The general public does *not* hold dentists in as high esteem as some of us may imagine—much less in the esteem that we desire.

Bankers regard us as inexcusably poor risks.

National credit rating concerns furnish facts that should set us to thinking.

Commercial men laugh at our tactics and openly challenge our sincerity when we talk and pose *professionally,* and "soak 'em" for all we can get, *mechanically.*

Our patients call us "tooth carpenters" and *dentists* in contradistinction to "Doctor."

Everywhere we go we hear altogether too many dentists say, "Well I would never take dentistry up again."

We growl at—yes, damn—the long-suffering and patient dental supply houses whom we force to be our bankers, without interest, in carrying our delinquent accounts and resent their diplomatic suggestions offered to increase *our* business. They charge us sixty cents for a crown, plus service, and some of us "stick it" onto a put-

rescent root, for which service we collect ten to fifteen dollars, and yet we call *them* "pirates."

I'm saying, *there's something that's wrong.* Our schools graduate dentists with little or no knowledge of economic conditions and *no business training,* and proceed to forget them. The young hopeful dentist joins the A.D.A. only to be high-hatted, and high-browed, and deceived into thinking that all he has to do is to stuff himself full of additional technique, follow a policy of watchful waiting, and refer all his profitable cases to a self-appointed specialist. The thing that he now needs most and is looking for, he does not get. All the other members are on easy street, if you please. They have forgotten the grief that is his. They no longer feel his needs.

I'm saying *there's something that's wrong.* When you repeatedly go to dental society meetings practically unknown (which sometimes has its advantages) and hear, and overhear, what the majority of dentists *really* think, what the majority of dentists *really* desire, what the majority of dentists *really* feel the need of; when you receive letters coming from Coast to Coast, and even from Australia, such as I have received, letters coming from men who have been out from one to over twenty years, letters that are pathetic, yes—letters that are tragic, I'm saying, *there's something that's wrong.* Read the following and don't you dare to laugh. This is serious. This chap is going to get help, and *I* know who's going to *give* it to him:

"I had no idea (it's finally dawning upon me) that dentistry to be successful must also involve the fine art of bookkeeping, keeping a close tab on cards, schedules, collections, selling and closing contracts! In the name of Heaven, I beseech 'the powers that be': why are not subjects of such vital importance placed in schools and stressed. Slowly, very slowly, I'm becoming case-hardened and I'm afraid, deathly afraid, that I'm losing my enthusiasm for dentistry. * * * * Please kind sir, what is the matter?"

What are we going to do with these potential public health servants, when we need them so badly to spread the gospel of oral hygiene and to discharge *our* professional responsibility to society? We cannot expect good, capable and conscientious dentists to serve the public *professionally,* when they do not have peace of mind, *financially,* and contentment in the pursuit of their affairs.

It's high time for someone to wake up. We are either commercial or professional. If we *are* professional, by chance, then let us assist the dentists who deserve and need it, economically, so that they can (not may) discharge their professional responsibility to society and receive their just compensation for so doing.

Where is—oh, where is the

organization that will recognize the facts, face the true economic conditions as they are, not as we dream, and be big enough to admit the errors of former judgment and casting aside the old bewhiskered theories advanced by anthropoid yokels — permit, encourage, and provide without intolerance, an economic and ethical means of discharging *our* professional responsibility to society?

Where did you ever before hear of a philanthropic movement that was at the same time a money-making opportunity, if you please, for those enlisting their services? It might be worthy of the A.D.A. to take into serious consideration the economic conditions and business needs of its members. It might be well to look at the six-year dental course from an economic, humanitarian, and professional standpoint. It *might* be that there would be more satisfied members and that the other eligible and desired "forty per cent" would join. It might mean that we would not have to issue "our" Christmas seals for the purpose now intended.

Now that we have learned the professional, humanitarian, and economic value of the practical application of Operative Prophylaxis, what are we going to do about it? Are we going to spread the gospel of oral hygiene and discharge our professional responsibility to society? Are we going to give to those who are dependent upon us the benefits of that which they have a right to expect from an increased earning capacity?

Now after all, don't put all the blame on the A.D.A. Any organization is just as good and no better than its personnel. The A.D.A. has done a mighty big and creditable piece of work in every endeavor where *they* have felt there was a need.

Any organization will naturally be controlled, politically and otherwise, by those who are *active* in it.

I do *not* believe that the A.D.A. officially (unlike our schools) is totally indifferent to the economic conditions under which the majority of its members are compelled to operate.

I am satisfied, however, after twenty-five years of experience and observation, that the necessity, wisdom, and importance of showing its members the *economic* value of spreading the gospel of oral hygiene has never been seriously considered. If statistics are *true* and if information from reliable sources is dependable, that seventy-five per cent of the dentists could make use of more, or a different class of business, then it's up to that seventy-five per cent to make their wants known and to get what they want.

This is the last article on the practical application of what I have called Operative Prophylaxis which I will *voluntarily* submit. If you do not need what Operative Prophylaxis provides, stop long enough in your successful and selfish pursuits to suggest its consideration to those

who might. After all, we live to be of service. After all, *that's* ethical.

Feeling that the laborer is worthy of his hire, I have endeavored to show the economic value of spreading the gospel of oral hygiene and of discharging our professional responsibility to society.

The dental professional as a humanitarian health agency, and, as at present operating, will never be able to discharge its professional responsibility to society by the way of mechanical dental restoration.

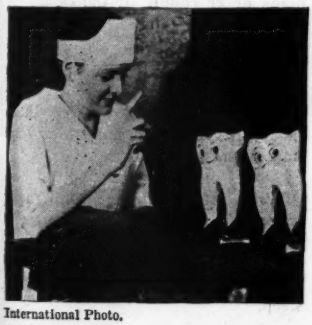
Prophylaxis furnishes us our only possible means of so doing. Any dentist who prepares himself, and takes the time to spread the gospel of oral hygiene in an attractive, dignified, and enthusiastic manner is *most certainly* entitled to whatever remuneration results therefrom.

Let us *not* be dogs in the manger. *Preach prophylaxis* and you'll get an appreciative hearing. Practice Operative Prophylaxis, properly managed, and you'll get the money.

Your comments, favorable or otherwise, the only compensation that I receive on these articles dealing with the practical application of what I have called Operative Prophylaxis, will be appreciated, in fact they are solicited.

I hope that I have succeeded in incorporating into the last two articles, satisfactory answers to the questions contained in the letters that I have received. Any questions which you may desire to ask will be answered as soon as it is possible for me to do so.

If you have received any benefit from these articles please do not fail to express yourself to ORAL HYGIENE. It is through ORAL HYGIENE'S courtesy and indulgence that I have been able to reach you. I sincerely hope that I have been of constructive service.



International Photo.

Elizabeth McNomee, student dental hygienist of Boston, demonstrating her trained Black Bottom Molars at the Massachusetts Dental Society Convention.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

She: "He's so romantic. Whenever he speaks to me he starts 'Fair lady.'"

He: "Shucks! There's nothing romantic about that. That's just force of habit. He used to be a conductor."

The prize optimist is the old maid who lets down her folding bed every night and then looks under it for a man.

A successful gold-digger is one who can make you feel that she is taking dinner with you and not from you.

Youth: "How many kinds of milk are there?"

Prof.: "Why, there's condensed milk, and evaporated milk, and—but why do you ask?"

Youth: "Well, I was drawing a picture of a cow and I wanted to know how many faucets to put on her."

"Dentist: "What is your line?"

New Patient: "I'm a comic story artist."

Dentist (grimly): "Then I'll try to live up to your idea of our profession."

My mother taught me to be good
At least as good as I was able
Otherwise I think I could
Dress in ermine, mink or sable.

"Don't you ever go to a place of worship on Sunday?"

"I'm on my way to see her now."

"When I arrived here I had only $1 in my pocket. With that small amount I made my start."

"What did you do with the dollar?"

"Wired home for more."

Tom: "Gladys, on what grounds does your father object to me?"

Gladys: "On any grounds within a mile of the house."

"Before he married me, he said he'd move heaven and earth for me."

"And then?"

"Oh, now he's raising hell."

Reggie: "How's Hank getting on with that school teacher he's calling on now?"

Willie: "Well, every time he goes to see her she keeps him a half hour overtime for being naughty!"

Visitor: "Now that your sentence is about to expire, have you any plans for the future?"

Convict: "Yes'm. I've got de plans of er couple of banks an' a joolery store."

Graduate: "Will you pay me what I'm worth?"

Employer: "I'll do better than that; I'll give you a small salary to start with."

Wife (at 1 A.M.): "Oh, Jack, wake up! I can just feel there's a mouse in the room."

Husband (drowsily): "Well, just feel there's a cat, too, and go to sleep."